



BC Hockey Application for Recreational Player Replacement/Relief

According to BC Hockey Policy C.09.05 (prev. 7.12), a Minor Hockey Association may apply for player relief/replacement for a recreational team that has insufficient players (twelve or fewer skater or fewer than two goaltenders) to a maximum of fifteen players (including goaltenders) to attend a tournament for a maximum of three tournaments per season. The team's HCR affiliates must be contacted for availability prior to requesting relief.

[BC Hockey Policy C.09.05](#)

Instructions:

Submit the following to the District Task Group Member at least seven days prior to the tournament.

- Completed application form, endorsed by MHA president by signing the form or attached email
- Current HCR team roster, indicating players unavailable for tournament.
- Attached parent consent forms, signed by relief players' parent/guardian for players' participation in tournament.

The BC Hockey District Task Group Member will advise the MHA whether or not the request is approved. If approved, the players will be added to the team roster approximately two weeks prior to the tournament and removed after the tournament. A new roster will not be created.

Requesting MHA: _____ Division: _____

Team Name: _____ Team HCR #: _____

Reason for request: _____

Have team's affiliate players been contacted for availability? _____ Yes _____ No

If 'No', why not? _____

Player Name	HCR # (Required)	Rostered Team	Skater/Goaltender

Tournament Details:

Host MHA: _____ Division: _____

Sanction #: _____ Dates: _____

Endorsed by MHA President:

Name: _____

Signature: _____ Date: _____

BC Hockey Use:

Request is _____ Approved _____ Denied

If denied, reason for denial

BC Hockey Task Group Member Name: _____

Signature: _____ Date: _____



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Parent Consent

I consent to allow my son/daughter _____ to participate with the
Player's Name

_____ team of the _____ MHA
Division & Team Name Requesting Minor Hockey Association

for the following tournament:

Tournament Host _____ Division _____

Dates: _____

Parent's Name

Parent's signature

Relationship to Player

Date



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