



Player Relocation Form

Please complete and submit this Player Relocation form along with all applicable supporting documentation to the Membership Services Coordinator of the Ontario Ringette Region within whose boundaries the player is moving.

Player's Name : _____ ORA # : _____

Player's New Address: _____

City: _____ Postal Code: _____ Telephone _____

Contact Email: _____

Date of Occupancy at new address: _____

Player moving with Parents: Yes No If no attach explanation.

Proposed new Association (if known): _____

Age Division and Level (e.g. U16AA) requested: _____

Player's New School: _____ Telephone: _____

Player's Former (Current) Address: _____

City: _____ Postal Code: _____ Telephone: _____

Player's Former (Current) Association: _____

Age Division and Level (e.g. U16AA): _____

Player's Former (Current) School: _____ Telephone: _____

Supporting Documents Included with this form

Education Relocation: Post Secondary

- Official Confirmation of school enrollment
- Letter to the school authorizing Ringette to check on and confirm school enrollment during the year
- Proof of new address

Permanent Address Relocation:

- Copy of fully authorized rental agreement, registered transfer of ownership, or agreement of purchase and sale
 - Copy of parent(s)' updated drivers license(s)
 - Copy of utility or similar bill verifying parents(s)' name and new address
 - Executed copy of any relevant separation agreement, custody order or divorce decree
- Any of the above documentation will be subject to further verification

Declaration: The undersigned hereby declare that all of the above information is true and correct. We are aware of the rules and regulations regarding eligibility for ORA relocation as available online in the Membership Services section of the ORA Operating Manual. We are also aware that falsification of any relocation document will result in the suspension of a minimum of one (1) to a maximum of three (3) years for the player and any team officials involved.

Parents Signature (player if 18 or older) _____ Date: _____

Parent Name: _____

Accepting Membership Coordinator Approval: _____ Date _____

Releasing Membership Coordinator Approval: _____ Date _____