

***SOUTH AUSTRALIAN
ICE HOCKEY
ASSOCIATION Inc.***

PLAYER CLEARANCE / TRANSFER FORM

SECTION 1: APPLICANT

NAME: _____

ADDRESS: _____

CURRENT CLUB: _____

TRANSFER TO (STATE / CLUB) _____

GRADE FROM: _____ GRADE TO: _____

REASON FOR TRANSFER / CLEARANCE: _____

SIGNED: _____ DATE: _____

PARENT / GAURDIAN IF UNDER 18:

SIGNED: _____ DATE: _____

SECTION 2: CURRENT CLUB SECRETARY

CLUB NAME: _____

SECRETARYS' NAME: _____

APPROVAL OF TRANSFER / CLEARANCE: YES NO

IF NO, PLEASE STATE REASON: _____

SIGNED: _____ DATE: _____

SECTION 3: ICE HOCKEY SOUTH AUSTRALIA

APPROVAL OF TRANSFER / CLEARANCE: YES NO

IF NO, PLEASE STATE REASON:

1) NOT FINANCIAL 2) UNDER SUSPENSION 3) RELEVANT DOCUMENTATION NOT RECEIVED

SIGNED: _____ DATE: _____

The Mission of the South Australian Ice Hockey Association Incorporated, is to Promote and Develop Ice Hockey as a Safe, Healthy and Enjoyable Sport for All