



PLAYER PROVINCIAL TRANSFER FORM

PLEASE COMPLETE AND SUBMIT THIS FORM BY **FEBRUARY 28, 2027**

PLEASE EMAIL TO alightfoot@wheelchairrugby.ca

PART 1: Athlete Information

Athlete First Name:	_____	Athlete Last Name:	_____
Street Address:	_____		
City/Province:	_____	Postal Code:	_____
How long have you lived at this address:	_____	What is the expected length of stay at this address:	_____
Team you wish to TRANSFER FROM:	_____	Team you wish to TRANSFER TO:	_____

PART 2: Select the Player Transfer Type

To play for another province, outside of your current residence, you must obtain signatures from your head coach(s).

Please select and complete one of the following transfer options and obtain the appropriate signatures.

- ☐ **NATIONAL PROGRAM ATHLETE:** If you are a National Team Program Athlete living outside of your home province to be in an enhanced daily training environment for National Team training purposes, and you would like to compete with your home province, you must obtain a signature from the National Team Head Coach. (PLEASE COMPLETE PART 3)
- ☐ **RELOCATING, RELOCATED:** If you are relocating, or relocated, please scan and provide two documents to verify you have, or will be, changing your residency. These documents could be any two of, provincial medical services card, provincial driver's license, copy of a rental agreement or property ownership documentation confirming a term of 6 months or more and/or taxes submitted.
- ☐ **RESIDENCY CHANGE – EDUCATION:** If you have changed residency to attend an educational program you need to submit a copy of a document proving enrollment. You have the option of playing for your home province or the province where the educational program is offered. (PLEASE COMPLETE PART 3)
- ☐ **RELEASED FROM HOME PROVINCE:** If your home province will not be sending a team to Nationals, or if your home province has released you, you need to indicate which province you will be playing for. (PLEASE COMPLETE PART 3)

PART 3: Head Coach Signatures

Option 1: NATIONAL PROGRAM ATHLETE: National Team Head Coach MUST sign below

Signature of National Team Head Coach: _____



Option 2: RELEASE FROM PROVINCAL TEAMS (Residency Change for Education OR Released from Home Province)

Signature of HOME provincial Coach: _____

Signature of Head Coach for the team they wish to transfer to: _____

PART 4: Athlete Signature

Upon signing this form you, certify that the information I have given on the application is complete and correct.

Player Signature: _____ Date: _____
YYY/MM/DD

PLEASE EMAIL TO pdagenais3@gmail.com & alightfoot@wheelchairrugby.ca