:		NSFER 2022 – 2023 Se ARDIAN CONSENT	ason		
PLAYER NAME:				D.O.B DD/MM/YY	
PLATER IVAIVIE.				D.O.B DD/MM/TY	
FROM				(TEAM)	
то:				(TEAM)	
PLAYER SIGNATU	JRE: 		PARENT / GUARDIAN SIGNATURE PARENT / GUARDIAN NAME		
If under 18, parent guardian must sign					
DATE:			DATE:		
I (or as Parent) agree to the transfer and condition of such transfer, as noted below					
SPECIAL CONDITIONS (TO BE COMPLETED BY CURRENT TEAM) Player should X or stroke out "conditions" lines should there be none at time of signing. Please list all conditions that affect the player's rights.					
1.					
2.					
3.					
i			Any	questions may be ac	ldressed with your League Registra
Transfer Approved			Yes		No
Executive Director					
			David Leger, OHA Executive Director		
		Date			
			DD / MM / YR		