

South Dakota Player Transfer Protocol

Per SDAHA By-Laws - Players may be transferred from one affiliate to another, but only with the written consent of the releasing and receiving member. Any refusal to permit a transfer may be appealed to the SDAHA Board of Directors. Such appeals shall be made and determined pursuant to Section 4.3 of the By-laws.

Player participation is first determined by the amateur hockey program or association within the School District the athlete is enrolled.

If the School District the athlete is enrolled does not have an amateur hockey program or association, the players participation will then be determined by the nearest affiliate amateur hockey program or association. "Nearest" is determined by Google definitions from (city or town) to (city or town).

Once approved, individual Player Transfers shall remain in effect for the duration of that player's participation in SDAHA. If the player wishes to void the approved Player Transfer, a new Player Transfer request is required to be submitted for consideration.

Player Transfers within South Dakota: If a South Dakota player wishes to play in different association within the state, the two local affiliates need to consider the player transfer request. If both affiliates within South Dakota agree, the transfer request shall be sent to the SDAHA State President for his approval. This will allow the transfer to be completed.

Player Transfers from South Dakota to another State: If both affiliates involved agree, and it has been approved by the SDAHA State President, the approval process needs to go to the district director level. Once that approval has been received, the transfer is authorized.

Copies of all transfers/approvals must be sent to the USA Hockey Associate Registrar for record keeping purposes.

Inter-affiliate transfer request

Date _____

Player requesting transfer _____ Level/Age _____

Mailing Address _____

Telephone _____ E-Mail Address _____

School District Enrollment for Participant _____

I wish to transfer from _____ (Affiliate Name)

to _____ (Affiliate Name) for the _____ season.

In-state transfer _____ or Out-state transfer _____

Reason for request _____

APPROVALS

Local Affiliate (Affiliate President) _____ Date _____

Affiliate transferring to (Affiliate President) _____ Date _____

SDAHA President Approval _____ Date _____

*District Director Approval _____ Date _____

*Necessary for out-state requests only.