



Player Movement between Divisions or Age Groups

USE OF FORM:

1. This form is to be utilized on behalf of all players in WMHA who are seeking to play up or down their respective age group (division).
2. Each player is required by WMHA regulation to present this form to the appropriate convenor (REP or HL) prior to the start of tryouts (for REP) or prior to the start of league play (for HL).
3. Teams are not to allow players to participate in a division different than their age group without prior Executive approval.

PLAYER INFORMATION:

Player's Name: _____

Player's Date of Birth: _____ Gender: M / F

Previous Season Team: _____

Please specify which team/division/age group the player is seeking permission to play for:

Team/division/age group: _____

Parent's rationale for this request: _____

Add additional page if required.

Application should preferably be handed in to the appropriate convenor

Application can also be sent to the president via email: yves.laliberte@waldenminorhockey.com

or at the following address: 7 Deborah St
Lively, Ontario, P3Y1B4

For use by admin

| | | |
|---|--|--|
| Received by : | | Date : |
| <i>Request presented to the executive meeting on this date (September):</i> _____ | | |
| Executive decision : | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Communicated to NOHA director | Name | Date&Time : |
| Communicated to parents/guardian | Name | Date&Time : |
| Communicated to Convenor | Name | Date&Time : |
| Communicated to Coaches | Name | Date&Time : |