



OVERAGE PLAYER APPLICATION

Application Deadline: December 1

NOTE: HOCKEY ALBERTA MAY REVOKE OVERAGE STATUS AT ANY TIME.

Prior to this applicant participating in any Hockey Alberta Sanctioned Event,
Final Approval must be granted by Hockey Alberta. Part A and B must be completed in full

OVERAGE PLAYER --- NOT ELIGIBLE FOR AFFILIATION --- NOT ELIGIBLE FOR PROVINCIAL PLAY

REQUESTING MINOR HOCKEY ASSOCIATION: _____
ZONE: _____ EMAIL: _____ FAX: _____

PART A: PLAYER INFORMATION

NAME: _____ DATE: _____

DATE OF BIRTH: ____/____/____ SEX: MALE FEMALE Ht. _____ Wt. _____
Day Month Year

ADDRESS: _____ CITY/TOWN: _____

POSTAL CODE: _____ TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____ ENROLLED IN SCHOOL: Yes No SCHOOL GRADE: _____

PART B: PLAYER HISTORY

MHA LAST PLAYED FOR: _____ YEARS PLAYED: _____ POSITION: _____

TEAM: _____ LEAGUE CATEGORY: _____

POINTS LAST SEASON: G ____ A ____ GP ____ PENALTY MINUTES LAST SEASON: _____

MAJOR PENALTIES LAST SEASON: _____ SUSPENSIONS LAST SEASON: _____

PART C: CURRENT SEASON APPLICATION:

AGE DIVISION DESIRED: (circle) INITATION NOVICE ATOM PEE WEE BANTAM MIDGET
TEAM: _____ LEAGUE CATEGORY: _____

REASONS FOR THIS PLAYER TO PLAY BELOW THE PROPER AGE DIVISION: (Refer to Overage Criteria)

ATTACHMENTS INCLUDED: Medical School Other

PART D: AUTHORIZATION SIGNATURES:

1. PARENT/GUARDIAN: _____ DATE: _____ PH: _____

2. ASSOCIATION PRESIDENT: _____ DATE: _____ PH: _____

3. LEAGUE PRESIDENT: _____ DATE: _____ PH: _____

4. MANAGER OF OPERATIONS, USE ONLY

APPROVAL: YES NO REASONS: SIZE NUMBERS ABILITY OTHER

COMMENTS: _____

SIGNATURE: _____ DATE: _____