



6.15 OVERAGE PLAYER PLAYING A LOWER AGE CATEGORY

MEMORANDUM OF UNDERSTANDING

Hockey Eastern Ontario (HEO) and its member minor hockey association, the Hockey Eastern Ontario Minor (HEO Minor) and the Ontario Hockey Federation (OHF) and its member minor hockey association partners, Minor Hockey Alliance of Ontario, the Greater Toronto Hockey League, Ontario Minor Hockey Association and the Northern Ontario Hockey Association and Hockey Northwestern Ontario (HNO).

1. Objective of the Memorandum of Understanding (MOU)

1.1 The objective of the MOU is to set out a framework to allow inter-branch play of overage players, as defined herein.

2. Definitions

2.1 Member Association – A member minor hockey association that is party to this MOU.

2.2 Overage player – A registered Hockey Canada participant, who has been approved to play at one age level lower than specified in Hockey Canada Regulation B. Competition, following an assessment in accordance with the procedures established by his or her Member Association or Branch.

3. Approach

3.1. Each Branch and/or Member Association is responsible for establishing procedures for identifying and assessing players in their jurisdiction who qualify as an “overage player” under this MOU.

3.2. When a player has been determined to qualify as overage player, the Member Association shall prepare a letter/form that identifies the player and is dated and signed by the President of the Branch or Member Association. The letter shall not contain any information concerning the player’s assessment or reasons for being an overage player.

3.3. A Coach or Manager who applies to a tournament or event outside their own Member Association is required to provide a copy of the letter to the tournament organizer so that he or she recognizes that the overage player is exempt from disqualification because of age.

4. Effective Date

4.1 This MOU comes into effect immediately once signed by all Branch Presidents.

Signed By:

For HEO and HEO Minor

Date: _____

For the OHF and its member partners

Date: _____

For HNO

Date: _____



