



OVERAGE PLAYER REQUEST FORM

NOTES: **OVERAGE STATUS MAY BE REVOKED AT ANY TIME.**

Prior to the applicant participating in any Branch sanctioned event, final approval must be granted by the District Chair and designated HEO employee.

This Form must be completed in full and submitted to the Association President who will provide a copy to the District and the HEO office. *The HEO office shall maintain a file for each Overage applicant. The HEO office shall be the sole holder of any supportive documentation deemed as confidential medical information, which has been submitted as part of the application. Neither the Association nor the District shall retain any confidential medical information.*

Player's Name: _____ Birth Date: _____ Age: _____

Male or Female: _____ Ht. and Wt. _____

Address: _____

School: _____

MHA Last Played For: _____ Category Last Played: _____

Years Played: _____ Position: _____

Has applicant played as an Overage Player previously? Yes ___ No ___ If yes, when? _____

Any Major Penalties Last Season: Yes ___ No ___ If yes, what? _____

Any Suspensions Last Season: Yes ___ No ___ If yes, what? _____

Category Wishing to Play: _____ Team/League Category: _____

Division According to Date of Birth: _____

Minor Hockey Association: _____

Reason(s) for playing one age category lower than eligible age level (attach all supporting documentation): - refer to Section 4.0 APPLICATION OF POLICY (Overage Pre-Requisites) for options.

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Phone Number: _____ Date: _____

Association President Signature: _____ Approval: Yes ___ No ___

Date: _____ Contact Email: _____ Phone No.: _____

District Signature: _____ Approval: Yes ___ No ___ Date: _____

HEO Signature: _____ Approval: Yes ___ No ___ Date: _____