



HOCKEY ALBERTA

Substitute Goaltender Criteria & Guidelines

Hockey Alberta may allow during any scheduled **Exhibition, League, Provincial or Tournament Game** the use of a goalkeeper from another Hockey Team of equal or lower Division or Category if medical evidence or extenuating circumstance shows that a replacement goalkeeper is required by the Hockey Team concerned. Permission must be obtained from the appropriate Hockey Alberta Representative.

PRE-REQUISITES FOR OBTAINING A SUBSTITUTE GOALKEEPER

- Medical evidence or extenuating circumstance must show that a replacement goalkeeper is required by the Hockey Team in question.
Extenuating Circumstance include but are not limited to the following:
 - Registered goalkeeper(s) absence due to family or school events.
 - Affiliated goalkeeper(s) unavailability due to registered team's commitments.
- All attempts to utilize an affiliated goalkeeper must be exhausted.
- The Substitute Goalkeeper must be from another Hockey Team of equal or lower Division or Category. For Minor Hockey, it is recommended the Substitute Goalkeeper comes from within the teams Minor Hockey Association; however, goalkeepers from outside the association may be permitted.
- Only one Substitute Goalkeeper will be allowed per game.
- Teams that choose to register only one goalkeeper to their hockey team for the hockey season may only apply for a Substitute Goalkeeper if medical evidence or extenuating circumstance show that the registered goalkeeper and any affiliated goalkeeper(s) are not available. These teams will not be permitted to access a Substitute Goalkeeper for the purpose of having a backup on the bench (unless necessary for a Provincial Tournament).

USE OF THE SUBSTITUTE GOALKEEPER

- If approved as a backup, the Substitute Goalkeeper will be permitted to dress, warm-up and sit on the bench during the game in which they have been approved for.
- The approved "Substitute Goaltender Request" form must accompany the team throughout the duration of the game.
- If approved as a backup, the Substitute Goalkeeper may only enter into the game if the team's registered goalkeeper becomes sick and / or injured during game play.
- Should the approved Substitute Goalkeeper enter into the game, an injury report must accompany the game sheet and be submitted to the appropriate Hockey Alberta Representative within twenty-four (24) hours of the games completion.

CRITERIA FOR HOCKEY ALBERTA APPROVAL

- The teams League President/Governor must sign the "Substitute Goaltender Request" form.
- If the Substitute Goalkeeper is of Minor Hockey age, a Parent/Guardian must sign the "Substitute Goaltender Request" form.
- The Substitute Goalkeeper's registered Hockey teams Coach/General Manager must sign the "Substitute Goaltender Request" form.
- The date, location and opponents for the games in which the Substitute Goaltender would be used for must be listed.
- If requested for medical reasons, Physicians Information is required along with a signature on the "Substitute Goaltender Request" form.
- Once all signatures have been gathered, and all areas on the "Substitute Goaltender Request" form have been filled in, the completed form can be sent to the appropriate Hockey Alberta representative for final approval.



Date: _____

HOCKEY ALBERTA Substitute Goaltender Request Form

This form shall be completed, in its entirety, **by any MHA / Club Team who wishes to request the use of a "Substitute Goaltender" during any scheduled Exhibition, League, Provincial or Tournament game.** The intent of this document is to track the application and approval of replacement goaltenders and to ensure all concerned parties are informed of the application. **Please note that a Substitute Goaltender will only be permitted if all affiliates are also unavailable.** Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

-PLEASE PRINT-

REQUESTING TEAM:

Team Name: _____ MHA (if Minor Hockey): _____

Coach Name: _____ Phone: _____

President/GM Name: _____ Phone: _____

President/GM Signature: _____ E-Mail: _____

Injured Goaltenders Name: _____ Date of Birth: _____ / _____ / _____
mm dd yyyy

Please Identify the Division and Category of hockey the injured goaltender plays:

- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Junior | <input type="checkbox"/> Midget | <input type="checkbox"/> Bantam | <input type="checkbox"/> Peewee | <input type="checkbox"/> Atom |
| <input type="checkbox"/> AAA | <input type="checkbox"/> AA | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |

League Name: _____ League President/Governor: _____

Phone #: _____ Email: _____

League President/Governor Signature: _____

Reason Affiliated Goaltender(s) cannot be used: _____

SUBSTITUTE GOALTENDER:

Name of Goaltender Requested: _____ Date of Birth: _____ / _____ / _____
mm dd yyyy

Parent/Guardian Name: _____ Signature: _____

Team Name: _____ MHA (if Minor Hockey): _____

League Team Plays in: _____

Please Identify the Division and Category of hockey the requested goaltender plays:

- | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Junior | <input type="checkbox"/> Midget | <input type="checkbox"/> Bantam | <input type="checkbox"/> Peewee | <input type="checkbox"/> Atom | <input type="checkbox"/> Novice |
| <input type="checkbox"/> AAA | <input type="checkbox"/> AA | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |

Coach Name: _____ Signature: _____

President/GM Name: _____ Signature: _____



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Date: _____

PROPOSED GAMES TO USE THE SUBSTITUTE GOALTENDER:

Date of game(s): _____ Location(s): _____

Team(s) to be played: _____

IF REQUESTED FOR MEDICAL REASONS:

PHYSICIANS INFORMATION - PLEASE PRINT

Clinic Name: _____

Address: _____ Phone#: _____

Type of Injury: _____

Extent of Layoff: _____

Physician's Signature: _____

IF REQUESTED FOR EXTENUATING CIRCUMSTANCES:

- PLEASE PRINT -

Reasons for Unavailability: _____

Extent of Layoff: _____

HOCKEY ALBERTA USE ONLY	
COMMENTS:	_____

COMMITTEE REP NAME:	_____
COMMITTEE REP SIGNATURE:	_____ DATE: _____