

OVERAGE PLAYER APPLICATION CRITERIA & GUIDELINES

PRE-REQUISITES FOR OBTAINING OVERAGE STATUS (OA)

General Information

Limited Skill would mean a noticeable lack of basic hockey skills, such as skating and balance, for his/her

age. Including limited aptitude for the game in the Peewee division and higher.

Verification would mean a letter(s) confirming the lack of skill and ability to play in the proper age

Division from the Association and/or Coach of respective team, including evaluation report if

possible.

Only 1st year Players (by birth-date) in a Division (Novice, Atom, Peewee, Bantam, Midget) will be eligible for Overage Status

All applications for Overage Status (OA) must be made using the **Overage Player Application form**. This form must be complete and be accompanied by all supporting documentation as outlined in the Criteria below. OA Applications will be reviewed on an individual basis per the Criteria noted below. All OA Applications will only be reviewed ONCE per season, please include all documentation upon application. OA Players may NOT participate with a team on-ice (practice or games), until the OA Application has been approved. Once the pre-requisites have been met, final approval by Hockey Alberta's Zone Minor Regulation Coordinator will be based on the criteria and supporting documentation provided for approval as an Overage Player in a Minor Division.

Approval Guidelines

Minor Hockey applications can be submitted for movement from:

Novice to Initiation, Atom to Novice, Peewee to Atom, Bantam to Peewee, or Midget to Bantam

All Minor Hockey to Minor Hockey applications must meet at least three of the following criteria:

- Player is of small and frail structure (written verification required)
- Player has limited skills (written verification required)
- Beginner player (1st year of participating in organized hockey)
- Health reasons supported by letter from doctor
- Only 1st year (by birth date) players in a Division may apply
- Player needed to field a hockey team in the Division applying for.

Junior to Midget Applications

To be reviewed on an individual basis by the Zone Minor Regulation Coordinator in consultation with the Minor Regulation Committee Chairperson. May be approved when:

- Association does not have enough players to make a team (15) without applicant. "If more players register later increasing size of team, overage may be revoked"
- No registered team, other than Midget within 50 km of place of residence
- Health reasons supported by letter from Doctor
- Limited Skills written verification of ability required
- Must be in High School supported by letter from School
- No goaltender available would not be able to register (ice) a team
- Must meet 3 of the above, before approval would be considered

Goalies - To be reviewed/approved by Zone Minor Regulation Coordinator on an individual basis.

Application Deadline: December 1



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CRITERIA FOR HOCKEY ALBERTA APPROVAL

The Overage Application Form **MUST** be completed in its' entirety.

Application Deadline: December 1

"Overage in a Division should be the Exception and not the Rule"

Final approval by the Zone Minor Regulation Coordinator to be based on the following:

- 1 Approval from Parent outlining reason
- 2 Endorsement/Approval by LMHA President
- 3 Approval by League President
- 4 Applicant meeting the HA pre-requisites
- 5 Application form "information provided"
- 6 Conditions of Overage "general"

Overage may not be approved for the following reasons:

- Dislike of coach and team members
- Ice times
- Parents wish

OVERAGE CONDITIONS

- o All steps for approval by HA must be followed and in writing.
- o All approval for overage play is for games within Alberta only. You must secure additional approval for any activity outside the Province of Alberta.
- You must never play an overage that has not been approved by Hockey Alberta.
- o Overage players can participate in League play (depending on League approval).
- o Overage players may play in Exhibition and Tournament games.
- o All coaches are responsible to let teams that they are playing know they have an overage player. The overage player must be clearly marked on every game sheet (OA) beside the player's name.
- o Overage players are not eligible to play Provincial Zone Play Downs or Provincial Championship Tournament games.
- o Overage status will be granted on a yearly basis only.
- o Overage players are not eligible to be affiliates to a higher Division or Category.
- o OA Application deadline is December 01.

HOCKEY ALBERTA MAY REVOKE OVERAGE STATUS AT ANY TIME - Hockey Alberta may revoke overage status at any time, when it has deemed that the actions of the overage player are not in the best interests of those affected by those actions.

LEAGUE RESPONSIBILITY

- 1. Leagues may strengthen the HA criteria for obtaining overage status within their respective Leagues.
- 2. Leagues may set criteria for maintaining and monitoring overage status within their respective Leagues.
- 3. The League may revoke the status of a player from participating in their League based on their maintaining overage status criteria.

Application Deadline: December 1



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Requesting MHA:	Email:		Zone:
Has this Applicant been a	approved for Overage Status (OA) i	n any previous Minor Hockey?	☐ Yes ☐ No
Part A: Player informa	<u>ATION</u>		
Name:		Resident LMHA:	
Date of Birth: / Day Mont	/ Gender: ☐ Male	Female Ht	Wt
Address:		Phone:	
City/Town:		Email:	
Postal Code:	Enrolled in School:	☐ Yes ☐ No	School Grade:
PART B: PLAYER HISTORY			
MHA Last Played For:		Team:	
Season Last Played:	Total Years Played	d: Position:	
League:	League C	Category:	
Last Season's Stats:	Goals: As:	sists:	Games Played:
	Penalty Minutes: Ma	ajor Penalties:	Suspensions:
PART C: CURRENT SEASON	APPLICATION:		
Age Division Desired (circ	cle): Initiation Novice	Atom Peewee Banta	ım Midget
Team:	League C	Category:	
Reasons for this player to	play below the proper age Division	(refer to Overage Criteria):	
Attachments Included:	□Medical □School	Other	
PART D: AUTHORIZATION S	SIGNATURES:		
Parent/Guardian Name:_	Si	gnature:	Date:
MHA President Name:	Sig	gnature:	Date:
League President Name:	Sig	gnature:	Date:
	Hockey Albe		
Approval: YES		: SIZE NUMBERS ABILITY OTH	HER
Data Entargating	HCR:		