



APPLICATION FOR OVERAGE EXEMPTION

This form is a required document for all minor hockey players applying for a Special Recreational 'C' Overage Exemption where special permission may be granted for "recreational" teams to register "recreational" caliber player(s) of the next age division up in cases where, because of small size or weak ability a player would be unable to compete in his or her normal age division. If granted, the exemption will be permitted for one (1) year only.

Player Information:

Name:		Date of Birth:	
Address:		Postal Code:	
Association:			
Current Division:		Requested Division:	

Reason for Requesting Exemption: (attach another sheet if necessary)

Players Team History:

Season	Association	Division/Team/Level

A \$20 fee will be invoiced to the MHA for each request. This fee may be waived by the VIAHA Officers for Extenuating Circumstances. Requests for waivers must be stated below or within a separate letter:

Extenuating Circumstance/ Fee Waiver Request: (attach another sheet if necessary)

Declaration:

We, the undersigned certify that all the above information is true and correct. We are aware of the regulations regarding Special Recreational 'C' Overage Exemption requests. We are aware that these regulations are available upon our request and recognize that the falsification of any information pertaining to this application process may result in the player being denied the request. Furthermore, we the undersigned agree to abide by the rules and regulations regarding overage players. We understand that the player may not compete in the requested lower age division until approval has been granted by the Officers of the Society according to Regulation 5.18. If the player approved as an overage player is an impact player or receives a major penalty, match penalty or gross misconduct VIAHA may, at its discretion at any time, rescind its permission and the player will be moved back to his/her normal age division. This decision is not appealable. Overage players who receive a major penalty will be suspended indefinitely pending an investigation by the applicable Vice President.

Player Name (Print) _____

Signature _____

Parent Name (Print) _____

Signature _____

Association President (Print) _____

Signature _____

FOR OFFICE USE ONLY

Date Received: _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
District Signature: _____		
Comments: _____		