



PLAYER MOVEMENT  
2019-2020

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**All Players are expected to play for their Resident Club, District, or Operating Area**  
(as per Hockey Canada, Hockey Alberta and Hockey Edmonton Bylaws, Regulations and Directives).

*In keeping with a player first focus, we recognize, however, that there may be a unique set of extenuating circumstances where, upon application to the Player Movement Committee permission may be granted to tryout with an alternative club, or the alternate district or operating area within the district where the player resides.*

*Permission, if granted, is for a single year only and the player will be returned to their Resident Club, District or Operating Area at the end of the season.*

**Player Movement requests will be granted only in consideration of extenuating circumstances.**

**Application Process**

The following is the detailed process for a minor hockey player / family to follow when requesting permission for Player Movement.

1. For each player that applies for Player Movement prior to the application deadline, Hockey Edmonton will contact the respective Club, District or Operating Area to attain their support, or lack of, for the respective application.
2. If the Resident Club, District or Operating Area does not support the player request; the application will be forwarded to the Player Movement Committee for review and decision.
3. If consent is granted by both parties, Hockey Edmonton will advise the applicant and the respective Club, District or Operating Area Registrars such that the parties can take the next steps in the registration process.
4. In the case that an affected party is dissatisfied with the decision, the Hockey Edmonton Appeals process may be accessed.

Players **cannot skate** with either their resident or the accepting CLUB, DISTRICT, OPERATING AREA while this application is pending – players who participate in a tryout skate/session prior to the completion of the PMC process forfeit all rights and will remain with their resident Club, District, or Operating Area.

**THIS APPLICATION MUST BE SUBMITTED  
TO THE HOCKEY EDMONTON OFFICE  
PRIOR TO  
May 31, 2019**

**Submit Application and all Relevant Supporting Documentation to:**

**[registration@hockeyedmonton.ca](mailto:registration@hockeyedmonton.ca) or  
Hockey Edmonton  
10618 124 St.  
Edmonton, AB T5N 1S3**

Please direct inquiries to Glenn Sommerville at 780 413-3498 or [glenn.sommerville@hockeyedmonton.ca](mailto:glenn.sommerville@hockeyedmonton.ca)

This form shall be completed, in its entirety, by any player – who wishes to start their 2019- Try Outs with a CLUB, DISTRICT, or OPERATING AREA that is not their RESIDENT CLUB, DISTRICT, or OPERATING AREA.



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**Players Name / Contact Information:**

Hockey ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm dd yyyy)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, AB PC: \_\_\_\_\_

Ph. #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Identify Reasons for Player Movement:**

There is **no Team** in my age Division in my Resident **CLUB, DISTRICT, or OPERATING AREA**

I would like to **Try Out** for a Team within a **CLUB, DISTRICT, or OPERATING AREA** of a higher Category than is available in my own Club, District or Operating Area.

My Resident **CLUB, DISTRICT, or OPERATING AREA** has a team but it is **FULL** (17 skaters, 2 goaltenders).

Goaltender ? YES  NO

My Resident **CLUB, DISTRICT, or OPERATING AREA** and this **CLUB, DISTRICT, or OPERATING AREA** joined together so we had enough for a team

I would like to apply for an **Exception** as I have extenuating circumstances (as noted in the attached supporting documentation)

Please ensure that your application and submission are complete, including any additional information (i.e. - letters from CLUB, DISTRICT, or OPERATING AREA) that you wish make the committee aware of.

**Players cannot skate with their either their resident or the accepting CLUB, DISTRICT, or OPERATING AREA while this application is pending**

*We understand and acknowledge that permission, if granted, is for a single year only and that the player will be returned to their Resident Club, District or Operating Area at the end of the season.*

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Submit all relevant materials to: [registration@hockeyedmonton.ca](mailto:registration@hockeyedmonton.ca)**

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**In person: 10618 124 ST Via e-mail: [registration@hockeyedmonton.ca](mailto:registration@hockeyedmonton.ca)**

**Approvals to be sought by Hockey Edmonton**

**Resident CLUB, DISTRICT, or OPERATING AREA Information:**

Resident CDOA: \_\_\_\_\_ Last Team: \_\_\_\_\_

President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Ph. #: \_\_\_\_\_

**Accepting CLUB, DISTRICT, or OPERATING AREA Information:**

Accepting CDOA: \_\_\_\_\_ Anticipated Team: \_\_\_\_\_

President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Ph. #: \_\_\_\_\_

**Hockey Edmonton: STATUS**

Approved/Denied Signature \_\_\_\_\_ Date: \_\_\_\_\_



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This section of Player Movement Application to used only if player is released from Bantam AAA, Minor Midget AAA, or Midget Major AAA and is requesting to start AA Tryouts at a Club other than the Player's Resident Club.

Players Name / Contact Information:

Hockey ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm dd yyyy)  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, AB PC: \_\_\_\_\_  
Ph. #: \_\_\_\_\_ Email: \_\_\_\_\_

Please Identify Reasons for Player Movement:

I would like to apply for an Exception as I have extenuating circumstances (as noted in the attached supporting documentation)

Please ensure that your application and submission are complete, including any additional information (i.e. - letters from CLUB, DISTRICT, or OPERATING AREA) that you wish make the committee aware of.

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Approvals to be sought by Hockey Edmonton

<b>Resident CLUB, DISTRICT, or OPERATING AREA Information:</b>	
Resident CDOA: _____	Last Team: _____
President's Name: _____	Signature: _____
Email: _____	Ph. #: _____
<b>Accepting CLUB, DISTRICT, or OPERATING AREA Information:</b>	
Accepting CDOA: _____	Anticipated Team: _____
President's Name: _____	Signature: _____
Email: _____	Ph. #: _____

Hockey Edmonton: STATUS

Approved/Denied Signature \_\_\_\_\_ Date: \_\_\_\_\_