

PLAYER MOVEMENT 2021-2022

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 <u>permission may be granted to tryout</u> 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 <u>cannot skate</u> 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, 2021

Submit Application and all Relevant Supporting Documentation to:

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

This form shall be completed, in its entirety, by any player – who wishes to start their 2021-22 Try Outs with a CLUB, DISTRICT, or OPERATING AREA that is not their RESIDENT CLUB, DISTRICT, or OPERATING AREA.



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Hockey ID#:	Date of Birth:	
Last Name:	First Name:	
Address:	City:	, <u>AB</u> PC:
Ph. #:	Email:	
Please Identify Reasons for Playe	er Movement:	
There is no Team in my	age Division in my Resident CLUB, DISTRICT, or	OPERATING AREA
I would like to Try Out fo in my own Club, District	or a Team within a CLUB, DISTRICT, or OPERATI or Operating Area.	NG AREA of a higher Category than is availa
My Resident CLUB, DIST	TRICT, or OPERATING AREA has a team but it is	FULL (17 skaters, 2 goaltenders).
	G	oaltender ? YES NO
My Resident CLUB, DIST together so we had eno	TRICT, or OPERATING AREA and this CLUB, DIST ugh for a team	RICT, or OPERATING AREA joined
I would like to apply for documentation)	an Exception as I have extenuating circumstan	ices (as noted in the attached supporting
	on and submission are complete, including any a nat you wish make the committee aware of.	dditional information (i.e letters from CLU
	ither their resident or the accepting CLUB, DIS	TRICT, or OPERATING AREA while this
	that permission, if granted, is for a single year	only and that the player will be returned to
	erating Area at the end of the season.	
Parent/Guardian Name:	Signature:	
	elevant materials to: registration	
	UST BE SUBMITTED TO THE HOCKEY EDMO	· · · · · · · · · · · · · · · · · · ·
Approvals to be sought by Hockey	0618 124 ST Via e-mail: registration@ho	<u>ckeyedmonton.ca</u>
Resident CLUB, DISTRICT, or OPE		
	Last Team:	
	Signature:	
Email:	Ph. #:	
Accepting CDOA:	ERATING AREA Information: Anticipated	Team:
7.666 pting 62 67 ti		
	Signature:	



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This section of Player Movement Application to used only if player is released from U15 AAA, U16 AAA, or U18 AAA and is requesting to start AA Tryouts at a Club other than the Player's Resident Club.

Hockey ID#:	Date of Birth:	
Last Name:	(mm First Name:	dd yyyy) Middle Initial:
Address:	City:	, <u>AB</u> PC:
Ph. #:	Email:	
Please Identify Reasons for Player I	Movement:	
I would like to apply for an documentation)	Exception as I have extenuating circumstances (as noted in the attached supporting
	and submission are complete, including any addition tyou wish make the committee aware of.	onal information (i.e letters from CLUE
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