

All requests for Overage Players must be submitted to OMAHA & approved by OMAHA prior to the player participating in any league, exhibition or tournament games. Requests will be considered in accordance with BC Hockey Policy 9.10 & OMAHA Policy 1.05. All requests must be signed by the requesting Association President prior to consideration by OMAHA. Those wishing to participate as an OA in the Midget division, must also complete the OMAHA Code of Conduct Form.

| Submitting Association: | | Date: |
|---|-------|--------------------------------|
| Player's Name: | | Birthdate: (Month/Day/Year) |
| Player's Designated Division: | | |
| Division Requested: | Posit | ion: |
| Playing History: | | |
| Season: Team: | | Category: |
| | | |
| Season: Team: | | Category: |
| Reason(s) for Request: | | |
| | | |
| <u>*NOTE:</u> An evaluation on Association letterhead may be requested. | | |

DECLARATION:

We, the undersigned, understand that the player may not compete in the requested lower age division until approval has been granted by OMAHA. We also understand that OMAHA reserves the right to rescind the approval based on a review of the player's performance in the lower age division.

Parent Name (Print) Signature

 Association President (Print)
 Signature

 FOR OFFICE USE ONLY
 Date Received: ______ Approved ____ Denied _____

 Date Approved/Denied: ______ District Signature: ______
 OMAHA 2021