

**BOND RECEIVED Y N**  
**ADMIN FEE PAID Y N**  
**APPROVED**  
**REJECTED**

**Moosomin Minor Hockey Overage Player Application**  
**APPLICABLE ADMIN FEE MUST BE SUBMITTED BEFORE**  
**APPLICATION WILL BE PROCESSED**

**INFORMATION**

Player Name

Gender M F

Address

City/Town

Postal Code

Phone(h)

Phone(c)

Email  
(Will be used for all future contact)

Date of Birth

Player Age

Age Category Played Last?

Did Player play overage last season? Yes No

Age Category According to Date of Birth

Age Category Wishing to

**I \_\_\_\_\_, SUBMIT THIS APPLICATION ON BEHALF OF \_\_\_\_\_.**  
**I AGREE TO PUT UP A BOND OF \$500 ON HIS/HER BEHALF, THAT WILL BE HELD IN**  
**SEASON. I AGREE THAT SHOULD HE/SHE BE CALLED ON AND DEEMED SUITABLE FOR**  
**HIS/HER OWN AGE DIVISON BY SHA EVALUATIONS, THIS BOND WILL BE FORFEITED.**  
**SHOULD SAID PLAYER BE DEEMED FIT TO PLAY OVERAGE IN A YOUNGER DIVISON FOR**  
**THE SEASON THE BOND CHEQUE WILL BE RETURNED.**

**SIGNED: \_\_\_\_\_**

**PREVIOUS SEASON COACH NAME: PRINT \_\_\_\_\_ SIGN \_\_\_\_\_**

**DIVISION DIRECTOR NAME: PRINT \_\_\_\_\_ SIGN \_\_\_\_\_**

# CRITERIA

The criteria that applies, and information supporting the relevant criteria, must be cited or the application will be denied.

All applicants must meet criteria a). A secondary criteria **MUST** be selected or the application will be denied.

Players approved under criteria a) as well as either b), c) or d) will be eligible to participate in Provincials.

- a) An overage player may only be one year older than the age category in which the player applies to play. A player who has a physical or intellectual disability (may be required to provide confirmation from a physician). Please provide further explanation in the rationale section.
- b) A goaltender (U13 and above) who the Minor Hockey Association wishes to play in the next lower age division in order to ice a team. The lower division team must not have a goaltender and without a goaltender playing down a team cannot be formed.
- c) A first year player with significant skill limitations in their current age division (documentation may be required from the Minor Hockey Association confirming these limitations).
- d) A player from a remote community whom there is no team to play on within the player's age appropriate division and for whom there is not a team a reasonable distance from the home center.
- e) A player wants to play down in order to play only within an Association's house league.
- f) A player who is in grade 12, currently registered full-time in high school, and for whom there is no program within which he/she could participate.

Rationale For Overage Application

**PLEASE FILL OUT THIS FORM, SAVE AND EMAIL TO  
[SECRETARY@MOOSOMINRANGERS.COM](mailto:SECRETARY@MOOSOMINRANGERS.COM)**