

UNDERAGE PLAYER APPLICATION

Application Deadline: PRIOR TO ANY ON ICE ACTIVITY AT HIGHER DIVISION

NOTE: EMHA MAY REVOKE UNDERAGE STATUS AT ANY TIME.

Prior to this applicant participating in any TRYOUTS, EXHIBITION GAMES, TOURNAMENT OR LEAGUE PLAY, Final Approval must be granted by the EMHA Registration Committee. Part A and B must be completed in full

UNDERAGE PLAYER --- NOT ELIGIBLE FOR AFFILIATION

PART A

NAME: _____ DATE: _____

DATE OF BIRTH: ____/____/____ SEX: MALE FEMALE Ht. _____ Wt. _____
Day Month Year

ADDRESS: _____ CITY/TOWN: _____

POSTAL CODE: _____ TELEPHONE: () _____ FAX: () _____

E-MAIL: _____ ENROLLED IN SCHOOL: Yes No SCHOOL GRADE: _____

MHA LAST PLAYED FOR: _____ YEARS PLAYED: _____ POSITION: _____

TEAM: _____ LEAGUE CATEGORY: _____

POINTS LAST SEASON: G ____ A ____ GP ____ PENALTY MINUTES LAST SEASON: _____

MAJOR PENALTIES LAST SEASON: _____ SUSPENSIONS LAST SEASON: _____

AGE DIVISION DESIRED: INITATION NOVICE ATOM PEE WEE BANTAM MIDGET

TEAM: _____ LEAGUE CATEGORY: _____

REASONS FOR THIS PLAYER TO PLAY ABOVE THE PROPER AGE DIVISION:

ATTACHMENTS INCLUDED: Medical School Other

PART B

1. PARENT/GUARDIAN: _____ DATE: _____ PH: _____

2. SUB REGISTRAR: _____ DATE: _____ PH: _____

3. ASSOCIATION PRESIDENT: _____ DATE: _____ PH: _____

4. LEAGUE PRESIDENT: _____ DATE: _____ PH: _____

EMHA REGISTRAR, USE ONLY

APPROVAL: YES NO REASONS: SIZE NUMBERS ABILITY OTHER

COMMENTS: _____

SIGNATURE: _____ DATE: _____