



HOCKEY ALBERTA

Minor Hockey Player Movement Form

PROCESS FOR PLAYER MOVEMENT REQUESTS

The following is the detailed process for a minor hockey player / family to follow when requesting permission for Player Movement. This Player Movement process can be accessed for any of the following scenarios:

- There is no Team in your age Division within your Resident Association
- Resident Association has a FULL team (17 skaters, 2 goaltenders) at your age Division
- Resident Association and another Association have joined together to form a team.
- Movement by Special Exception
 - Movement to an MHA of equal or smaller Categorization
 - Movement to an MHA of higher Categorization
 - Moving to a Different Stream of Hockey
(Female Hockey, Non-Body Checking Hockey, Recreational Hockey)

In order to access the Player Movement process, follow the steps below:

- Completely fill out a Player Movement Form (attached) and submit it to your Resident LMHA for approval (the President's signature confirms approval).
- If your Resident LMHA does not sign the form, request a written response from your Resident LMHA stating their decision and why they made it.
- If you wish to proceed, you must then appeal to your Resident LMHA through the appeal process identified within their Bylaws & Regulations.
- Your Resident LMHA will either hear and adjudicate on your appeal or inform you that they have no appeal process.
- If your appeal is granted then your Resident LMHA will sign the form.
- If they have no appeal process, or they deny your appeal, and you wish to pursue the next steps, you must provide your respective Minor Regulation Coordinator with all the written documentation for this Player Movement request.
 - The fully completed (unsigned by your MHA) Player Movement Form.
 - Detailed rationale from the player/family outlining the reasons why they wish to move.
 - Written documentation from the player's Resident LMHA President stating that the MHA is not willing to sign the form.
 - Any correspondence that has taken place in regards to this movement issue.
 - A letter from the LMHA you are requesting to move to agreeing to accept this import player.
- Once all the proper documentation has been received, the Minor Regulation Coordinator will forward it to the Player Movement Review Committee (PMRC). The PMRC has pre-determined meeting dates, with meetings taking place every seven (7) days between September 1 and October 1.
- Any properly completed application that is submitted within the course of a week (Monday thru Sunday) will be reviewed and a decision will be rendered within the following seven (7) day period.
- The PMRC will make a decision with regard to the movement request based on the Hockey Alberta Regulations and a decision letter will be emailed to the applicant and all other relevant parties.
- Once all of the steps noted above have been exhausted, and if you wish to pursue this further, you have the right to appeal the decision of the PMRC to Hockey Alberta in accordance with the Hockey Alberta Regulations. If you wish to access the HA appeal stage, please request a Notice to Appeal Form from your Minor Regulation Coordinator.

Please note that requests for "Movement by Special Exception" are reviewed based on "extenuating circumstances". Extenuating Circumstances that are commonly considered for discretion are:

- Location of workplace of parents / guardians
- Location of school of the players
- Distance of travel / Accessibility to Ice Times
- Need for the player in the accepting MHA

Factors that should not be considered "extenuating circumstances" are:

- Requesting for the purpose of a try out
- Dislike of a coach, team mates, ice time, etc.



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Date: _____

This form shall be completed, in its entirety, by any player(s) who wishes to register in Minor Hockey with an MHA that is not his/her Resident LMHA. The intent of this document is to track the application and approvals of player movement. Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

-PLEASE PRINT-

Players Name / Contact Information:

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: ____/____/____ (mm/dd/yyyy) Address: _____
City: _____ Postal Code: _____ Legal Land Description: _____
Phone #: _____ Email: _____
Respect in Sport Certificate #: _____ Expiry Date: _____

Please State Reasons for Player Movement:

- There is no Team in my age Division in my Resident Association Minor/Mainstream Female
My Resident Association has a team but it is FULL (17 skaters, 2 goaltenders). Goaltender? Yes No
My Resident Association and this Association have joined together to form a team.
I would like to apply for an Exception to register in another MHA (if so, please provide a letter outlining reasons)

Parent/Guardian Name: _____ Signature: _____

Resident LMHA Information:

Resident MHA: _____ President's Name: _____
Email: _____ Phone Number: _____
Indicate if Player has a Carryover Suspension: _____ If yes, how many games remain to be served: _____
Signature: _____

Accepting MHA Information:

Accepting MHA: _____ President's Name: _____
Email: _____ Phone Number: _____
Accepting Team: _____ Signature: _____

PLEASE TAKE THIS FORM WITH YOU TO THE NEW MHA, AND/OR HAVE YOUR RESIDENT LMHA UPLOAD THIS COMPLETED FORM TO THE HCR TRANSFER. THE APPROPRIATE ZONE WILL APPROVE OR DECLINE YOUR REQUEST IN THE HCR.