



# RETURN TO HOCKEY SUBSTITUTE GOALKEEPER GUIDELINES

As a result of the ongoing Covid-19 pandemic, Teams are not able to access affiliate players during the 2020-2021 season. The following guidelines have been established to provide direction to teams on how to manage a situation when their registered goalie(s) are unavailable.

Within the Divisions of Senior and Junior, as well as the AAA and AA categories of U18, U16, U15 and U13 the following process(es) will be in place:

- When a team only has one goaltender available for a scheduled League game and is seeking access to a back-up goaltender:
  - Teams should consult with each other to determine whether or not the opposing Team will have a properly registered back-up goaltender available. If so, that goaltender should be used as a Substitute should either Team's goaltender become injured or ill; or
  - 2. If each Team only has 1 properly registered goaltender available for a game, Teams have the ability to apply for access to a Substitute Goalkeeper through the normal application process outlined within the Regulations.
    - Only one Substitute Goaltender will be considered for a pair/ group of Teams within a 'Competition Cohort';
    - If approved, the Team(s) must ensure that all protocols for using a Substitute Goalkeeper (as outlined below) are adhered to;
  - 3. Or, If an eligible Substitute Goalkeeper is not able to be found or approved, and a goaltender becomes injured or ill, Teams have the ability to dress a player or play the remainder of the game with 6 skaters (as per the Hockey Canada Playing Rules).
- When a team does not have any goaltenders available for a scheduled League game:
  - 1. Consideration should be given to rescheduling the game; or
  - 2. If not possible, Teams have the ability to apply for access to a Substitute Goalkeeper through the normal application process outlined within the Regulations.
    - If approved, the Team must ensure that all protocols for using a Substitute Goalkeeper (as outlined below) are adhered to.

### Within the 'Tiered Minor Hockey' (U7 – U18) the following process(es) will be in place:

- U11, U9, U7 The Regulations do not require the designation of goaltenders at the U11
  Division, nor the Intro to Hockey levels, and therefore no Substitute Goaltenders will be
  approved for any Teams within these Divisions.
  - 1. If a Team's goaltender is unavailable, or becomes injured or ill during play, a Team has the option to:
    - If the opposing Team has a back-up goaltender dressed, request to have that goaltender complete the game for the other Team; or
    - Dress any other player from your Team to complete the game as a goaltender.





- U13, U15 & U18 When a Team does not have any goaltenders available for a scheduled League game:
  - 1. Consideration should be given to rescheduling the game; or
  - 2. If not possible, Teams should consult with each other to determine whether or not the opposing Team will have a properly registered back-up goaltender available. If so, that goaltender should be used as a Substitute should either Team's goaltender become injured or ill; or
  - 3. If not possible, dress any other player from your Team to complete the game as a goaltender; or
  - If not possible, Teams have the ability to apply for access to a Substitute Goalkeeper through the normal application process outlined within the Regulations.
    - If approved, the Team must ensure that all protocols for using a Substitute Goalkeeper (as outlined below) are adhered to.

#### **NOTES**

- Substitute Goalkeepers will only be considered for 'Tiered Minor Hockey' (Male and Female) when a Team has no available goaltenders. Requests will not be approved for a Substitute to act as a back-up goaltender.
- √ It is recommended that Teams in the U11,U13,U15 & U18 Divisions encourage
  players to practice the position of goaltender throughout the season in order to
  prepare for a potential scenario where a replacement is needed.

### Protocols for Using an Approved Substitute Goalkeeper

Goaltenders approved to be used as a Substitute Goalkeeper are not considered part of a 'Competition Cohort' and must follow these guidelines leading up to and during play:

- If traveling with the team on a bus, the goaltender must physically distance and wear a mask when physically distancing is not possible;
- A private dressing room should be procured for the Substitute Goalkeeper whenever
  possible. If this is not possible, the Team must ensure that all Players and Team Officials
  in the dressing room wear masks at all times and that the Substitute Goalkeeper be
  positioned with a physical distance of 2 metres from all other participants at all times
  while in dressing room.
- For Senior, Junior, AAA or AA, if a Substitute Goalkeeper is approved to be a back-up, it is recommended that the Substitute not be on the players bench. If the Substitute is on the players bench, he/she must wear a mask and be positioned with a physical distance of 2 metres from all other participants.
- If a Substitute Goalkeeper is approved to be a back-up, they are only eligible to enter game play due to an injury or illness to the properly registered goaltender.



# HOCKEY ALBERTA Return to Hockey Substitute Goaltender Request Form

Hockey Alberta may allow during any scheduled **Exhibition, League or Provincial Game** the use of a goalkeeper from another Hockey Team of equal or lower Division or Category / Tier if medical evidence or extenuating circumstance shows that a replacement goalkeeper is required by the Hockey Team concerned. Permission must be obtained from the appropriate Hockey Alberta Representative.

#### PRE-REQUISITES FOR OBTAINING A SUBSTITUTE GOALKEEPER

 Medical evidence or extenuating circumstance must show that a replacement goalkeeper is required by the Hockey Team in question.

Extenuating Circumstance include but are not limited to the following:

- Registered goalkeeper(s) absence due to family or school events.
- Affiliated goalkeeper(s) unavailability due to registered team's commitments.
- The Substitute Goalkeeper must be from another Hockey Team of equal or lower Division or Category. For Minor Hockey, it is recommended the Substitute Goalkeeper comes from within the teams Minor Hockey Association; however, goalkeepers from outside the association may be permitted.
- Only one Substitute Goalkeeper will be allowed per game.
- Teams that choose to register only one goalkeeper to their hockey team for the hockey season may only apply
  for a Substitute Goalkeeper if medical evidence or extenuating circumstance show that the registered
  goalkeeper and any affiliated goalkeeper(s) are not available. These teams will not be permitted to access a
  Substitute Goalkeeper for the purpose of having a backup on the bench.

#### **USE OF THE SUBSTITUTE GOALKEEPER**

- The approved "Substitute Goaltender Request" form must accompany the team throughout the duration of the game.
- If approved as a backup, the Substitute Goalkeeper may only enter into the game if the team's registered goalkeeper becomes sick and / or injured during game play.
- Should the approved Substitute Goalkeeper enter into the game, an injury report must accompany the game sheet and be submitted to the appropriate Hockey Alberta Representative within twenty-four (24) hours of the games completion.

#### **CRITERIA FOR HOCKEY ALBERTA APPROVAL**

- The teams League President/Governor must sign the "Substitute Goaltender Request" form.
- If the Substitute Goalkeeper is of Minor Hockey age, a Parent/Guardian must sign the "Substitute Goaltender Request" form.
- The Substitute Goalkeeper's registered Hockey teams Coach/General Manager must sign the "Substitute Goaltender Request" form.
- The date, location and opponents for the games in which the Substitute Goaltender would be used for must be listed.
- If requested for medical reasons, Physicians Information is required along with a signature on the "Substitute Goaltender Request" form.
- Once all signatures have been gathered, and all areas on the "Substitute Goaltender Request" form have been filled in, the completed form can be sent to the appropriate Hockey Alberta representative for final approval.



## HOCKEY ALBERTA Return to Hockey Substitute Goaltender Request Form

This form shall be completed, in its entirety, by any MHA / Club Team who wishes to request the use of a "Substitute Goaltender" during any scheduled Exhibition, League or Provincial game. The intent of this document is to track the application and approval of replacement goaltenders and to ensure all concerned parties are informed of the application. Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

## -PLEASE PRINT-**REQUESTING TEAM:** Date:\_\_\_\_\_ Team Name: \_\_\_\_\_ MHA (if Minor Hockey): \_\_\_\_ Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_ President/Manager Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ President/Manager Signature: \_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_ Injured Goaltenders Name: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_ уууу Please Identify the Division and Category / Tier of hockey the injured goaltender plays: Junior U18 Senior AAA Tier 2 Tier 3 Tier 5 Tier 1 Tier 4 League Name: \_\_\_\_\_ League President/Governor: \_\_\_\_ \_\_\_\_\_ Email: \_\_\_\_\_ League President/Governor Signature: \_\_\_\_\_ **SUBSTITUTE GOALTENDER:** Name of Goaltender Requested: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ уууу Parent/Guardian Name:\_\_\_\_\_\_ Signature:\_\_\_\_\_ Team Name: \_\_\_\_\_ MHA (if Minor Hockey): \_\_\_\_\_ League Team Plays in: \_\_\_\_\_ Respect in Sport Certificate # (if Minor Hockey):\_\_\_\_\_ Expiry Date:\_\_\_\_\_ Please Identify the Division and Category of hockey the requested goaltender plays: 1011 Senior Junior U18 U13 AAA Tier 2 Tier 1 Tier 3 Tier 4 Tier 5 Tier 6 Signature: Coach Name:

President/GM Name: \_\_\_\_\_\_Signature: \_\_\_\_\_\_



# HOCKEY ALBERTA Return to Hockey Substitute Goaltender Request Form

PROPOSED GAMES TO USE THE SUBSTITUTE G	SOALTENDER:	
Date of game(s):	Location(s):	
Team(s) to be played:		
IF REQUESTED FOR MEDICAL REASONS:		
PH	YSICIANS INFORMATION - PLEASE PRINT	
Clinic Name:		
Address:	Phone#:	
Type of Injury:		
Extent of Layoff:		
Physician's Signature:		
IF REQUESTED FOR EXTENUATING CIRCUMST		
	-PLEASE PRINT-	
Reasons for Unavailability:		
Extent of Layoff:		
	HOCKEY ALBERTA USE ONLY	
COMMENTS:		
HOCKEY ALBERTA REPRESENTATIVE NAM	ME:	
HOCKEY ALBERTA REPRESENTATIVE SIGN	NATURE:	
DATE:		