



EVALUATION TEAM PLACEMENT APPEAL FORM

THE PLAYER:

Name: _____ (the "Player")

Age Category: _____ 1st Year ____ 2nd Year ____

Placement Team: _____ (Division/Tier/Team Number)

Parent(s) Name: _____ Phone Contact _____

Email Contact: _____ Alternate Phone _____

PLAYER HISTORY:

SEASON	ASSOCIATION	DIVISION	TIER	HEAD COACH
2025				
2024				
2023				

EVALUATION ATTENDANCE:

Did the player attend all evaluation sessions: Yes No if no, please explain...

ILLNESS/INJURY OR MEDICAL CONDITION:

Was the player suffering from an illness, injury, or other medical condition during a specific evaluation time? If so, which session (Dates and times)?

If yes, please describe the nature of the illness, injury, or other medical condition.

Was the injury reported to the age group coordinator? Yes No

If yes, when was it communicated? ____ / ____ / ____ (DAY) (MONTH) (YEAR)

Was the injury, illness or medical condition communicated in writing? Yes No

If yes, please attach a copy of the written communication to this form.

Is the injury, illness, or medical condition something the player suffers from all the time? Yes No

If yes, please explain: _____

If injury is the issue, did the injury occur on floor during an evaluation? Yes No

PARTICULARS OF THE APPEAL:

Describe the reason for the appeal with a mind to the factors used to determine an appeal: (Use additional pages if required). _____

Was there a specific problem with any evaluation other than an injury?

Please describe the problem(s) with reference to the Sabrecats Lacrosse Evaluation document where appropriate: (Attach additional pages, as required).

ACKNOWLEDGEMENTS:

Has a Parent/Guardian of the Player been involved in the evaluation process for this year?

Yes No If yes, Name _____

Do you acknowledge that the appeal and appeal decision will be communicated to the Sabrecat Board of Directors:

Yes No

Do you acknowledge that a record of this appeal will be kept by Sabrecats Lacrosse: Yes No

I acknowledge that if this form is not completed in full, my appeal will be denied on that basis: Yes No

I have read the Sabrecats Lacrosse Evaluation Document prior to advancing the appeal: Yes No

Printed Name: _____

Signature: _____

Date: _____

There is no further appeal following the decision of the Appeal Committee. In addition, advancing an appeal does not entitle the Player or parent to access all the information from the evaluations process. The Committee shall disclose evaluation information at its sole discretion.

You are permitted to attach further pages with any additional information you feel is necessary for the Appeal Committee.