



SMHA ACCELERATED PLAYER APPLICATION

Player Name: _____ Date of birth:(yyyy/mm/dd) _____

Address: _____

Phone Number: _____ Email: _____

Age Division: _____ Division Applying for: _____

Coach Reference(s):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Yes *I have included a personal appeal / position statement as to why this player is applying for Acceleration Status and possible upwards movement within SMHA. *Please limit submission to one page and attach to the application form.*

No *I have not attached any further documentation for consideration in this application.*

By signing below, I acknowledge that I have read and understand the process outlined in SMHA's Player Acceleration Policy & Procedure. A \$100 application fee (non-refundable) will be submitted with this form prior to the stated deadline to be considered for evaluation and possible accelerated placement.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please submit completed application (and any attachments) to:
registrar@stettlerminorhockey.com & vpoperations@stettlerminorhockey.com

Deadline: September 1