



REQUEST FOR OVERAGE PLAYER EXEMPTION

All requests for Overage Players must be submitted to the PRDMHA Registrar & approved by PRDMHA prior to the player participating in any league, exhibition or tournament games. Requests will be considered in accordance with BC Hockey Policy 1.12 . All requests must be signed by the requesting Association President prior to consideration by PRDMHA.

Submitting Association:	Date:
Player's Name:	Birthdate: _____ (Month/Day/Year)
Player's Designated Division: _____ Division Requested: _____	
Playing History: Season: _____ Team: _____ Category: _____ Season: _____ Team: _____ Category: _____ Season: _____ Team: _____ Category: _____	
Reason(s) for Request: _____ _____ _____ *NOTE: An evaluation on Association letterhead may be requested.	

DECLARATION:

We, the undersigned, understand that the player may not compete in the requested lower age division until approval has been granted by PRDMHA. We also understand that PRDMHA reserves the right to rescind the approval based on a review of the player's performance in the lower age division.

Parent Name (Print)

Signature

Association President (Print)

Signature

FOR OFFICE USE ONLY

Date Received: _____ **Approved** ____ **Denied** ____

District Signature: _____

Comments: _____