**Special Eligibility Appeal Form:**

**Play-offs**

Policy Manual – Article Q, Section 4

Subject to meeting the Player Eligibility requirements in Article E, including any approved Eligibility Appeals, a rostered player is eligible to play during the playoff season when that player has participated in a minimum of thirteen (13) regular season games for a minimum of two periods per game.

For clarity, this policy applies to regular season League games only and no other sanctioned League games; and this policy applies to all players including goalies, except that goalie participation will be defined as dressed and on the bench for a minimum of 50% of regular season games.

Appeals to Play off Eligibility due to extensive player injury, illness or other extenuating circumstances may be made to the Competition Committee via its Chairperson.

**1. PLAYER INFORMATION:**

**Name of In-eligible Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position (Skater, Goalie, AP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. REASON FOR THE APPEAL:**

***\* Please note if your player does not meet the playoff eligibility requirements due to a regular season injury, a physician’s note stating your player’s name, injury, and the duration of time which said injury prevented the player from playing hockey must accompany this form (for eg: Groin injury, unable to play hockey 4 weeks from \_\_\_\_ to \_\_\_\_\_\_\_\_).***

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**3. GAME INFORMATION:**

Complete the sentence: The player named above missed a total of \_\_\_\_ games during the regular season, representing \_\_\_\_\_\_% of total games required. The missed games were:

Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Game #: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**4. OTHER INFO/COMMENTS:**

 \* Feel free to note that your statement is in an attachment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. ACKNOWLEDGEMENT & AGREEMENT:**

I have read and understand the terms and conditions of the Policy & Rules Manual with regard to Player Eligibility during Playoffs.

I understand that a physician’s note, if applicable, must accompany this form for consideration; and that the player cannot play until such forms are received by the Competition Committee and this Appeal is approved.

I am requesting that this Special Eligibility Appeal be approved.

Coach Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Please send form and any documentation to the Chair, Competition Committee. The documents may be scanned and emailed.**

***Form Created: September 2011***

***Updated: September 2023***