



**Special Eligibility Appeal Form:
Temporary or Short Term Goalie**

1. REASON FOR THE APPEAL:

** Please note if your goalie is injured, a physician's note outlining your Goalie's name, injury and expected return date must be specified (for eg: Groin injury, unable to play 4 weeks from ___ to _____).*

2. REQUESTED GOALIE/GAME INFO:

Full Name: _____
Registered High School : _____ Grade: _____

Goalie is (choose one):

- Rostered on a League Team _____
- in the League Goalie Pool _____
- Other – Please Explain _____

Has this goalie played for your team this season? Yes or No _____
If yes, how many games have been played this season? _____

Provide the following information for each game the requested goalie will play if approved:

Game #: _____
Date: _____
Time: _____
vs. Team: _____
Arena: _____

Game #: _____
Date: _____
Time: _____
vs. Team: _____
Arena: _____

3. ACKNOWLEDGEMENT & AGREEMENT:

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

I understand that a letter of permission from our School Principal, the Principal of the Requested Goalie, the Goalie's Parent(s) and/or Guardian(s), and a physician's note if applicable, must accompany this form for consideration; and that the Goalie 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 this form and any documents to the Chair, Competition Committee. The documents may be scanned and emailed.**

Form Created: September 2011

Updated: September 2012