



Special Eligibility Appeal Form: Play-offs

Article Q: Playoffs, Section 1, Player Eligibility

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 50% of the regular season.

For clarity, this policy applies to regular season League games only and not other sanctioned League games; and this policy applies to all players including goalies and AP players.

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 ___).

Four horizontal lines for providing details of the appeal reason.

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:

Grid of 10 pairs of 'Game #: ___ Date: ___' for listing missed games.

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.**