

HOCKEY ALBERTA ELITE PLAYER MOVEMENT APPLICATION

THESE ELITE PLAYER MOVEMENT PROCEDURES AND CORRESPONDING FORM ARE FOR MIDGET AAA, BANTAM AAA, AND MINOR MIDGET AAA ONLY

THIS APPLICATION MUST BE SUBMITTED TO THE HOCKEY ALBERTA OFFICE PRIOR TO JULY 1ST

The following are Elite Player Movement Procedures for any player who wishes to move from his permanent residence to play for an Elite team outside his resident draw zone.

- Players are expected to play for the Elite Draw Zone Team that draws from the Team/Local Minor Hockey Association the player is resident within. If, however, a player wishes to move the following application process must be followed:
 - o The player should only request movement for extenuating circumstances (i.e. considerably closer for travel, attending school elsewhere).
 - o The player completes a Player Movement Application Form (below) and has it signed by all necessary parties (as outlined on the form).
 - o Player submits the Player Movement Application and supporting documents by July 1st (no exceptions) to the Hockey Alberta office.
 - Hockey Alberta Office notifies the players resident Elite Draw Zone Team and Local Minor Hockey Association that the player has submitted an application to move.
 - o The resident Elite Draw Zone Team / Local Minor Hockey Association is asked to respond within five (5) days with their comments on the application.
 - o The Hockey Alberta office insures documentation is complete and submits the request to the Male ADM Committee.
 - o The committee reviews the application which includes the Local Minor Hockey Association and Elite Draw Zone Team's comments.
 - o The committee approves or denies movement (a decision will be rendered, via formal letter, prior to August 1).
 - o Notification of decision will be sent out from the Hockey Alberta Office to the Player, LMHA, Elite Draw Zone Teams involved, and the appropriate League(s).
 - o In the case that an affected Member is dissatisfied with the decision, the Hockey Alberta Appeals process may be accessed.

Note: ALL PLAYERS WILL RETURN TO THEIR RESIDENT LOCAL MINOR HOCKEY ASSOCIATION AT THE END OF THE HOCKEY SEASON









HOCKEY ALBERTA ELITE PLAYER MOVEMENT APPLICATION

			ATION MUST BE SUI LIBERTA OFFICE PRI			DATE:		
<u>Player's</u>	Information:							
Hockey ID#:			_ Date of Birth:	/	/	(mm/dd/yyyy)		
Last Name:			_ First Name:	rst Name:		Middle I	_ Middle Initial:	
Address:			_ City:		, AB	PC:		
Legal Land Location:			_ Ph #:	Em	ail:			
Resident MHA:			_ Draw Zone Team:					
<u>Please S</u>	tate Type of Player Mov	ement:						
	I would like to Try Out for a Team outside of my Resident Draw Zone and will remain residing at home with my parents/guardians.							
	I would like to Try Out for a Team outside of my Resident Draw Zone and will be residing with someone othe than my parents/guardians. If you selected this option, please identify whom the player will be residing with:							
	Last Name:		First Name	e:				
	Address:		City:			, AB	PC:	
Please id	dentify the level of Elite	Hockey and the I	Elite Draw Zone Tean	n that you	wish to mo	ve to Try O	ut for:	
Midget AAA (AMHL) Minor Midget AAA (AMMHL) Bantam AAA (AMBHL)							IBHL)	
Host LMHA:			Draw Zon	_ Draw Zone Team:				
Parent/Guardian Name:			Signature	<u>:</u>				
Support:								
Residen	t LMHA:							
President's Name:			Signature); <u> </u>				
	t Draw Zone:		<u>.</u>					
President's Name:			Signature):				
Accepti	ng Draw Zone:							

ON A SEPARATE SHEET OF PAPER, PLEASE PROVIDE YOUR RATIONALE FOR THIS REQUEST: You must attach all supporting documentation including, if the player will be residing with a billet, a signed letter from the family the player will be staying with indicating their relationship and their concurrence with the request.

NOTE: ALL PLAYERS WILL RETURN TO THEIR RESIDENT LMHA AT THE END OF THE HOCKEY SEASON.

_____ Signature:___



President's Name:_____



