



# APPLICATION FOR Underage EXEMPTION

This form is a required document for all minor hockey players applying under Regulation #5 "Underage Exemptions". Underage players may be only one year out of age category. If granted, the exemption will apply for one (1) year only.

### Player Information:

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Postal Code:</b>	
<b>Association:</b>			
<b>Current Division:</b>		<b>Requested Division:</b>	

### Reason for Requesting Exemption: (attach another sheet if necessary)


### Players Team History:

Season	Association	Division/Team/Level

A \$20 fee will be invoiced to the MHA for each request. This fee may be waived by the VIAHA Officers for Extenuating Circumstances. Requests for waivers must be stated below or within a separate letter:

### Extenuating Circumstance/ Fee Waiver Request: (attach another sheet if necessary)


### Declaration:

We, the undersigned certify that all the above information is true and correct. We are aware of the regulations regarding VIAHA Regulation #5.17 "Underage Exemptions". We are aware that these regulations are available upon our request and recognize that the falsification of any information pertaining to this application process may result in the player being denied the request. We understand that the child, if applying to move up in rep hockey, will be evaluated by VIAHA evaluators and must be in the top 25 percent of the higher age division. This decision is not appealable. Furthermore, we the undersigned agree to abide by the rules and regulations regarding underage players. We understand that the player may not compete in the requested higher age division until approval has been granted by the Officers of the Society according to VIAHA Regulation #5.18.

**I acknowledge that independent evaluations conducted at the request of VIAHA will be subject to fee of \$50.00 + the Evaluators expenses and that it is the MHA's responsibility to pay such indebtedness, regardless of the outcome of VIAHA's decision.**

\_\_\_\_\_  
Player Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Association President (Print)

\_\_\_\_\_  
Signature

### FOR OFFICE USE ONLY

<b>Date Received:</b> _____	<b>Approved</b> <input type="checkbox"/>	<b>Denied</b> <input type="checkbox"/>
<b>District Signature:</b> _____		
<b>Comments:</b> _____		