



Date: _____

HOCKEY ALBERTA Substitute Goaltender Request Form

This form shall be completed, in its entirety, **by any MHA / Club Team who wishes to request the use of a "Substitute Goaltender" during any scheduled Exhibition, League, Provincial or Tournament game.** The intent of this document is to track the application and approval of replacement goaltenders and to ensure all concerned parties are informed of the application. **Please note that a Substitute Goaltender will only be permitted if all affiliates are also unavailable.** Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

-PLEASE PRINT-

PART A

Team Name: _____ MHA (if Minor Hockey): _____

Coach Name: _____ Phone: _____

President/GM Name: _____ Phone: _____

President/GM Signature: _____ E-Mail: _____

Injured Goaltenders Name: _____ Date of Birth: _____ / _____ / _____
mm dd yyyy

Please Identify the Division and Category of hockey the injured goaltender plays:

- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Junior | <input type="checkbox"/> Midget | <input type="checkbox"/> Bantam | <input type="checkbox"/> Peewee | <input type="checkbox"/> Atom |
| <input type="checkbox"/> AAA | <input type="checkbox"/> AA | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |

League Name: _____ League President/Governor: _____

Phone #: _____ Email: _____

League President/Governor Signature: _____

Reason Affiliated Goaltender(s) cannot be used:

PART B

Name of Goaltender Requested: _____ Date of Birth: _____ / _____ / _____
mm dd yyyy

Parent/Guardian Name: _____ Signature: _____

Team Name: _____ MHA (if Minor Hockey): _____

League Team Plays in: _____

Please Identify the Division and Category of hockey the requested goaltender plays:

- | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Junior | <input type="checkbox"/> Midget | <input type="checkbox"/> Bantam | <input type="checkbox"/> Peewee | <input type="checkbox"/> Atom | <input type="checkbox"/> Novice |
| <input type="checkbox"/> AAA | <input type="checkbox"/> AA | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |

Coach Name: _____ Signature: _____

President/GM Name: _____ Signature: _____



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IF REQUESTED FOR MEDICAL REASONS:

PHYSICIANS INFORMATION - PLEASE PRINT

Clinic Name: _____

Address: _____ Phone#: _____

Type of Injury: _____

Extent of Layoff: _____

Physician's Signature: _____

IF REQUESTED FOR EXTENUATING CIRCUMSTANCES:

- PLEASE PRINT -

Reasons for Unavailability: _____

Extent of Layoff: _____

HOCKEY ALBERTA USE ONLY	
COMMITTEE REP COMMENTS: _____	

COMMITTEE REP NAME: _____	
COMMITTEE REP SIGNATURE: _____	DATE: _____