



## HOCKEY ALBERTA

### *Minor Hockey Player Movement Form*

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#### **PROCESS FOR PLAYER MOVEMENT REQUESTS**

The following is the detailed process for a minor hockey player / family to follow when requesting permission for Player Movement.

- Completely fill out a Player Movement Form (attached) and submit it to your Resident LMHA for approval (the President's signature confirms approval).
- If your Resident LMHA does not sign the forms, request a written response from your Resident LMHA stating their decision and why they made it.
- If you wish to proceed, you must then appeal to your Resident LMHA through the appeal process identified within their Bylaws & Regulations.
- Your Resident LMHA will either hear and adjudicate on your appeal or inform you that they have no appeal process.
- If your appeal is granted then your Resident LMHA will sign the form.
- If they have no appeal process, or they deny your appeal, and you wish to pursue the next steps, you must provide your respective Minor Regulation Coordinator with all the written documentation for this Player Movement request.
  - The fully completed (unsigned by your MHA) Player Movement Form.
  - Detailed rationale from the player/family outlining the reasons why they wish to move.
  - Written documentation from the player's Resident LMHA President stating that the MHA is not willing to sign the form.
  - Any correspondence that has taken place in regards to this movement issue.
  - A letter from the LMHA you are requesting to move to agreeing to accept this import player.
- Once all the proper documentation has been received, the Minor Regulation Coordinator will forward it to the Player Movement Review Committee (PMRC). The PMRC has pre-determined meeting dates, with meetings taking place every seven (7) days between August 15 and October 1.
- Any properly completed application that is submitted within the course of a week (Monday thru Sunday) will be reviewed and a decision will be rendered within the following seven (7) day period.

I.E. – If a properly completed application is submitted on a Wednesday, the PMRC will review the application and render a decision sometime between the following Monday and Friday.
- The PMRC will make a decision with regard to the movement request based on the Hockey Alberta Regulations and a decision letter will be emailed to the applicant and all other relevant parties.
- Once all of the steps noted above have been exhausted, and if you wish to pursue this further, you have the right to appeal the decision of the PMRC to Hockey Alberta in accordance with the Hockey Alberta Regulations. If you wish to access the HA appeal stage, please request a Notice to Appeal Form from your Minor Regulation Coordinator.



Date: \_\_\_\_\_

# HOCKEY ALBERTA Minor Hockey Player Movement Form

This form shall be completed, in its entirety, **by any player(s) who wishes to register in Minor Hockey with an MHA that is not his/her Resident LMHA**. The intent of this document is to track the application and approvals of player movement and to determine whether or not the player is to be classified as an "Import" within the accepting MHA. Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

**-PLEASE PRINT-**

**Players Name / Contact Information:**

Hockey ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, AB \_\_\_\_\_ PC: \_\_\_\_\_  
Legal Land Location: \_\_\_\_\_ Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please State Reasons for Player Movement:**

- I would like to **Try Out** for a AA Team
- There is **no Team** in my age Division in my Resident Association
- My Resident Association has a team but it is **FULL** (17 skaters, 2 goaltenders). **Goaltender?**  YES  NO
- My Resident Association and this **Association joined** together so we had enough for a team
- I would like to apply for **an Exception** to register in another MHA (if so, please provide a letter outlining reasons)

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Resident LMHA Information:**

Resident MHA: \_\_\_\_\_ Last Team: \_\_\_\_\_  
President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Email: \_\_\_\_\_ Ph #: \_\_\_\_\_

**Accepting MHA Information:**

Accepting MHA: \_\_\_\_\_ Accepting Team: \_\_\_\_\_  
President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Email: \_\_\_\_\_ Ph #: \_\_\_\_\_

**Zone Information** (Circle the Applicable Zone):    1       2       3       4       5       6       7       8       9

Resident LMHA Categorization for Player Movement (Circle the applicable Level):

Number of Registered Players in Resident LMHA and "Import" Numbers Player Carries					
AA	201-450	(Number to carry: 86 )	C	66-100	(Number to carry: 20 )
A	136-200	(Number to carry: 49 )	D	65 and below	(Number to carry: 12 )
B	101-135	(Number to carry: 32 )	N/A	#'s Waived	(Number to carry: 0 )

**PLEASE TAKE THIS FORM WITH YOU TO THE NEW MHA, AND/OR HAVE YOUR RESIDENT LMHA UPLOAD THIS COMPLETED FORM TO THE HCR TRANSFER. THE APPROPRIATE ZONE WILL APPROVE OR DECLINE YOUR REQUEST IN THE HCR.**

**Please Note:** Due to the fact some Forms have been submitted early in the season, the classification of said player may change; as per the Minor Regulation Committee's January Draw Meeting.