

SSHL OVERAGE PLAYER APPLICATION CRITERIA & GUIDELINES

PRE-REQUISITES FOR OBTAINING OVERAGE STATUS (OA)

General Information

Limited Skill would mean a noticeable lack of basic hockey skills, such as skating and balance, for his/her age. Including limited aptitude for the game.

Verification would mean a letter confirming the lack of skill and ability to play in the proper age Division from the Association and/or Coach of respective team

Only 1st year Players (by birth-date) in a Division (Novice, Atom, Pee Wee, Bantam, Midget) will be eligible for Overage.

Approval Guidelines:

Applications can be submitted for movement from: Novice to Initiation, Atom to Novice, Pee Wee to Atom, Bantam to Pee Wee, Midget to Bantam.

Criteria for consideration of overage player:

- Player if of small and frail structure (written verification required)
- Player has limited skills (written verification required)
- Beginner player (1st year of participating in organized hockey)
- Health reasons – supported by letter from doctor
- Player needed to field a hockey team in the Division applying for.

Criteria for SSHL Approval

Application Deadline: **SSHL Fall Meeting**

“Overage in a Division should be the Exception and not the Rule”

Final approval by the League President to be based on the following:

1. Approval from Parent – outlining reason
2. Endorsement/Approval by Minor Hockey Association
3. Approval by SSHL Executive
4. Application form filled out completely
5. Applicant meeting guidelines

Overage Conditions

- All steps for approval by SSHL must be followed and in writing
- All coaches are responsible to let teams they are playing know they have an overage player by marking OA on score sheet.
- Overage players are not eligible to be affiliates to a higher Division or Category.
- Teams with overage players must keep complete stats on the website
- SSHL may revoke overage status at any time if guidelines have changed or are not being met.
- Applications to revoke Overage Status must be made in writing to the SSHL Executive before January 5 of the season.

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This form must be accompanied by supporting documentation.

Requesting MHA: _____ Email: _____

Has this Applicant been approved for Overage Status (OA) in previous years? Yes/No

PART A: PLAYER INFORMATION

Name: _____ Minor Hockey Association: _____

Date of Birth: ___/___/___ Gender: Male/Female Height: _____ Weight: _____
(dd/mm/yy)

Address: _____ Phone: _____

City/Town: _____ Email: _____

Postal Code: _____ School Grade: _____

PART B: PLAYER HISTORY

Minor Hockey Association Last Played For: _____ Team: _____

Total Years Played: _____ Position: _____

Last Season's Stats: Goals: _____ Assists: _____ Games Played: _____

Penalty Minutes: _____ Major Penalties: _____ Suspensions: _____

PART C: CURRENT SEASON APPLICATION

Age Division Desired (circle): Initiation Novice Atom Pee Wee Bantam Midget

Team: _____ League Category: _____

Reasons for this player to play below the proper age Division (refer to Guidelines and Criteria):

Attachments: _____

PART D: AUTHORIZATION SIGNATURES

Parent/Guardian Name: _____ Signature: _____ Date: _____

Minor Hockey President: _____ Signature: _____ Date: _____

League President: _____ Signature: _____ Date: _____