



Date: _____

HOCKEY ALBERTA Minor Hockey Player Movement Form

This form shall be completed, in its entirety, **by any player(s) who wishes to Try Out within or 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 Team within an MHA of a higher Category

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 a **Zone Representative's Exception** (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 A TRY OUT, 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 Minor Councils January Draw Meeting.