



**U8-U16
Underage Player Application**

2024 - 2025 Season

Niagara Falls Minor Hockey Association

A \$200.00 fee, paid by credit card or debit must accompany this completed application form. Please submit to the Niagara Falls Minor Hockey Association Business Office.

The \$200.00 application fee is non-refundable, except in the case wherein a 6 year old is trying out for U8, the application fee will be applied to their Initiation Program registration fee if unsuccessful.

If successful, the \$200.00 application fee will be applied to the child's registration.

All applicants must register and provide payment for try outs for the current season.

Please be advised that application for Underage Status does not constitute acceptance.

In order to qualify as an underage player the player must possess the following:

- 1) Must excel in skill and ability in their birth year;
- 2) Must be ranked as the top player in their position for the team in which they are trying out

While every child has the right to try out as an underage player, if the Evaluation Committee feels in any way that a player is at risk for injury, said player will not be permitted to try out a level up. If the player's past two seasons at their birth year is not at the same level with the rep team in which they wish to try out for as an underage player, the Evaluation Committee has the right to decline the request.

All underage players trying out will be assessed by the Evaluation Committee. The Evaluation Committee will determine whether the player will be permitted to play for the team in which they have applied for as an underage player. The report filed by the Evaluation Committee is final.



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Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Position Trying Out For: _____

Previous Season Information

Season	Division (ie. U9, U11)	Category (AAA, AA, A, AE or House)
2023 & 2024		
2022 & 2023		
2021 & 2022		

Participant

Parent/Guardian

Print

Print

Signature

Signature

Dated _____

FOR OFFICE USE ONLY

Payment Method – VISA _____ MASTERCARD _____ DEBIT _____

Received By: _____