



Underage Player Application 2020 & 2021 Season

Niagara Falls Minor Hockey Association

APPLICATION DEADLINE: January 31, 2020

A non-refundable \$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. If the Underage applicant is successful, the \$200.00 application fee will be applied to their current 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:

- Must excel in skill at their birth year;
- Must be ranked in the top five in ability as a forward or defence on the team to which he or she is applying as per the Evaluation Committee Report, with exception to the position of goalie which must be ranked in the top two.

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 (dd-mm-yy): _____

Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Height: _____ Weight: _____ Position Trying Out For: _____

Previous Season Information

Season	Division (ie. Novice, Minor Atom)	Category (AAA, AA, A, AE or House)
2019 & 2020		
2018 & 2019		
2017 & 2018		

Participant

Parent/Guardian

Print

Print

Signature

Signature

Dated _____

FOR OFFICE USE ONLY

Payment Method – VISA _____ MASTERCARD _____ DEBIT _____

Received By: _____