



## Underage Player Application 2020 & 2021 Season

Niagara Falls Minor Hockey Association

### **APPLICATION DEADLINE: February 14th, 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 be considered exceptional in skill at their birth year;
- Must be ranked in the top three in ability as a forward, top two as a defence men, with exception of goalie which must be ranked #1 on the team which applying to.

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

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

**Participant**

**Parent/Guardian**

\_\_\_\_\_

Print

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

Dated \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Payment Method – VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DEBIT \_\_\_\_\_

Received By: \_\_\_\_\_