



## HOCKEY ALBERTA

### *Minor Hockey Player Movement Form*

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#### **PROCESS FOR PLAYER MOVEMENT REQUESTS**

The following is the detailed process for a minor hockey player / family to follow when requesting permission for Player Movement. This Player Movement process can be accessed for any of the following scenarios:

- There is no Team in your age Division within your Resident Association:
  - For the current hockey season only.
  - For the current hockey season and subsequent season(s).  
Note: This option can only be selected should your Resident MHA not roster teams at your current age division and subsequent age divisions. Your Resident MHA must sign the Player Movement Form for this option to be selected. Should your Resident MHA not sign the Player Movement Form, the application is not eligible for Player Movement Review. By signing, the accepting MHA also provides their acceptance to your registration for the current season and subsequent season(s).
- Resident Association has a FULL team (17 skaters, 2 goaltenders) at your age Division
- Resident Association and another Association have joined together to form a team.
- Movement by Special Exception
  - Movement to an MHA of equal or smaller Categorization
  - Movement to an MHA of higher Categorization
  - Moving to a Different Stream of Hockey  
(Female Hockey, Non-Body Checking Hockey, Recreational Hockey)

#### **In order to access the Player Movement process, follow the steps below:**

- Completely fill out a Player Movement Form (attached) and submit it to your Resident MHA for approval (the President's signature confirms approval).
- If your Resident MHA does not sign the form, request a written response from your Resident MHA stating their decision and why they made it.
- Provide your respective Minor Leagues / Female Coordinator with all the written documentation for this Player Movement request.
  - The fully completed (unsigned by your MHA) Player Movement Form.
  - Detailed rationale from the player/family outlining the reasons why they wish to move.
  - Written documentation from the player's Resident MHA President stating that the MHA is not willing to sign the form.
  - Any correspondence that has taken place in regards to this movement issue.
  - A letter from the MHA you are requesting to move to agreeing to accept this import player.
- Once all the proper documentation has been received, the Minor Leagues / Female Coordinator will forward it to the Player Movement Review Committee (PMRC). The PMRC has pre-determined meeting dates, with meetings taking place every seven (7) days between September 1 and October 1.
- Any properly completed application that is submitted within the course of a week (Monday thru Sunday) will be reviewed and a decision will be rendered within the following seven (7) day period.
- The PMRC will make a decision with regard to the movement request based on the Hockey Alberta Regulations and a decision letter will be emailed to the applicant and all other relevant parties.
- Once all of the steps noted above have been exhausted, and if you wish to pursue this further, you have the right to appeal the decision of the PMRC to Hockey Alberta in accordance with the Hockey Alberta Regulations. If you wish to access the HA appeal stage, please request a Notice to Appeal Form from Hockey Alberta.

Please note that requests for "Movement by Special Exception" are reviewed based on "extenuating circumstances". Extenuating Circumstances that are commonly considered for discretion are:

- Location of workplace of parents / guardians
- Location of school of the players
- Distance of travel / Accessibility to Ice Times
- Need for the player in the accepting MHA

Factors that should not be considered "extenuating circumstances" are:

- Requesting for the purpose of a try out
- Dislike of a coach, team mates, ice time, etc.



Date: \_\_\_\_\_

# HOCKEY ALBERTA

## Minor Hockey Player Movement Form

This form shall be completed, in its entirety, **by any player(s) who wishes to register in Minor Hockey with an MHA that is not their Resident MHA.** The intent of this document is to track the application and approvals of player movement. Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

**-PLEASE PRINT-**

**Players Name / Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age Division: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (year/month/day) Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Legal Land Description: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please State Reasons for Player Movement:**

There is **no Team** in my age Division in my Resident MHA  Minor/Mainstream  Female

Select one of the following indented boxes, ONLY for the above no team reason. They do not apply to any other reason for movement.

For the **current season** only  For the **current season and subsequent seasons.**

**Conditions:** \_\_\_\_\_

My Resident Association has a team, but it is **FULL** (17 skaters, 2 goaltenders). **Goaltender?** Yes  No

My Resident Association and **this Association** have joined together to form a team.

I would like to apply for **an Exception** to register in another MHA (if so, please provide a letter outlining reasons)

Resident MHA Conditions: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Resident MHA Information:**

Resident MHA: \_\_\_\_\_

Email: \_\_\_\_\_

Indicate if Player has a Carryover Suspension: \_\_\_\_\_

If yes, how many games remain to be served: \_\_\_\_\_

Signing Designate Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Accepting MHA Information:**

Accepting MHA: \_\_\_\_\_

Email: \_\_\_\_\_

Signing Designate Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE TAKE THIS FORM WITH YOU TO THE NEW MHA, AND/OR HAVE YOUR RESIDENT MHA UPLOAD THIS COMPLETED FORM TO THE HCR TRANSFER. HOCKEY ALBERTA WILL APPROVE OR DECLINE YOUR REQUEST IN THE HCR.**