



# OVERAGE APPLICATION FORM

Date \_\_\_\_\_ Minor Hockey Association \_\_\_\_\_

Player's Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ (m/d/y) Player's Age \_\_\_\_\_ Player's Weight \_\_\_\_\_ Player's Height \_\_\_\_\_

Position Normally Played \_\_\_\_\_

Division Played Last Season \_\_\_\_\_ Did You Play As An Overage Last Season? Yes  No

Division According To Date of Birth \_\_\_\_\_ Division Wishing To Play \_\_\_\_\_

**RATIONALE FOR PLAYING ONE AGE GROUP LOWER THAN AGE** (please attach additional documentation if necessary)

See reverse for Rationale Options and select the appropriate number

Please Circle All That Apply -    A    B    C    D    E    F    G    H

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>MINOR HOCKEY ASSOCIATION DECISION</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date _____	Minor Hockey Association _____	
Signed _____	Print Name _____ <i>(Minor Hockey Association President)</i>	
<b>REGIONAL ASSOCIATION DECISION</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date _____	Regional Registration Committee _____	
Signed _____	Print Name _____	
<b>HOCKEY MANITOBA DECISION</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date _____	Hockey Manitoba Position _____	
Signed _____	Print Name _____ <i>(Minor Chair / Executive Director)</i>	

~ ALL OVERAGE APPLICATIONS MAY BE COMPLETED BY FAX ~

# OVERAGE APPLICATIONS

## PROCEDURES

1. Each region must establish a Registration Committee to be chaired by the Director. The Committee shall have a minimum of 3 and a maximum of 5 members named by the region prior to the commencement of registration. One of the members of the Registration Committee shall be the appropriate Zone Registrar.
2. The Hockey Manitoba office will make Overage Application Forms available to each Minor Association, Director and Zone Registrar by **August 15<sup>th</sup>** of each year.
3. i. Applicant completes top portion of form.  
ii. "RATIONALE" MUST be clearly completed. The application MUST specifically refer to the criteria on which the application is based. Any application that does not clearly refer to criteria shall not be considered for approval and the applicant so notified by the Zone Registrar. Applicants are advised that the rationale should be detailed and fully-inclusive with all pertinent information clearly explained. Applicants are encouraged to provide supportive documentation that would strengthen the substance of the application.
4. Process
  - i. Applicant conveys Overage Application to the local Minor Hockey Association for approval or denial.
  - ii. If approved, the applicant sends the form to the Director of the region who informs the Regional Registration Committee.
  - iii. If approved, the application is sent to the Zone Registrar who checks the application and forwards it to the Chair of the Zone.
  - iv. If approved by the Chair, (in consultation with the Executive Director), the Zone Registrar is notified. The Zone Registrar adds the player's name to the team roster and notifies the Minor Hockey Association.
  - v. In situations *b* through *d*, if the application is denied the Zone Registrar informs the applicant.
5. Application must be completed, have received approval from the local Association and sent to the Director prior to February 1st of the current season. Within ten working days of receipt of the application by the Director, a decision shall be made to approve or deny the application and the applicant must be informed of the decision. If a decision is not rendered by the tenth day, the application shall be deemed approved.

It is the responsibility of the applicant to ensure that all related documents/forms are submitted to each successive person/committee who will be reviewing the application.

## CRITERIA

Applicants should ensure that all necessary documentation has been submitted with the application. Applications are not approved until the applicant is so notified by the Zone Registrar.

The following criteria apply to Overage Applications. The criteria that applies, and information supporting the relevant criteria, must be cited on the application or the application will be denied.

- a) An Overage Player may only be one year older than the age category in which the player applies to play.
- b) A player who has a physical or mental disability must have the application supported by documentation received from a medical physician.
- c) A goaltender (Pee Wee and above) that the Minor Hockey Association wishes to play in the next lower age division in order to ice a team. The lower division team must not have a goaltender, and without a goaltender playing down, a team could not be formed.
- d) A player who wishes to play down an age division due to being significantly smaller in stature and/or possessing significantly weaker hockey skills than the players with whom the player is chronologically eligible to play. Documentation must be received from the Minor Hockey Association substantiating the physical limitations of the player.
- e) A new player (never registered nor played before) and whose skill level is significantly inferior to the players with whom the player is chronologically eligible to play. Documentation must be received from the Minor Hockey Association substantiating the skill level limitations of the player.
- f) A player for whom there is no team to play on within the player's age-appropriate division and for whom there is not a team within reasonable distance from the home center.
- g) A player wants to play down in order to play only within an Association's house league.
- h) A player who is in grade 12, currently registered full-time in high school, and for whom there is no program within which he/she could participate.

All approved Overage Applications are subject to periodic review. It is not intended for players whose skill level would permit them to play with their chronological age division, to be allowed to play as Overage Players with a lower age division.

**Players who have received Overage approval from Hockey Manitoba based on criteria a) as well as one other criteria in b) to e) are eligible for all hockey activities. All other approved overage players are eligible for all hockey activities except for regional playoffs and provincial tournaments.**

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*Each application, once approved by the Chair of the category involved, must bring the application to the next Executive meeting for approval.*