Underage Player Application Form

- Please read SPMHA Policy 4.14 prior to ensure all criteria has been met to make application.
- Prior to this applicant participating in any SPMHA and Hockey Alberta sanctioned event as an Underage Player, final approval must be granted from SPMHA per policy 4.14.
- SPMHA may revoke underage status at any time, when it has deemed that the actions of the underage player are not in the best interests of those affected by those actions.
- Applications must be accompanied by the appropriate letter(s) of reference per the policy.

NAME: _____ DOB: _____ GENDER: _____

ADDRESS: _____

HEIGHT: _____ WEIGHT: _____ YEARS PLAYED: _____ POSITION:_____

PHONE: _____ EMAIL: _____

LAST MINOR HOCKEY ASSOCIATION: _____

LAST TEAM PLAYED ON: _____ DIVISION: _____ TIER: _____

LAST TEAM COACH NAME: _____ EMAIL: _____

SIGNATURE:

PARENT/GUARDIAN: _____ PHONE: _____ DATE: _____

☐ **I have read SPMHA Policy 4.14 prior to completing this application.**