



PACIFIC COAST AMATEUR HOCKEY ASSOCIATION

CENTRAL OFFICE: #114 - 3993 HENNING DRIVE, BURNABY, B.C. V5C 6P7 TELEPHONE
604-205-9011. FAX 604-205-9016. WEB SITE <http://www.pcaha.ca>

SERVING AMATEUR HOCKEY IN THE LOWER MAINLAND SINCE 1941

Application For Overage Exemption

Form123
(Rev.: Jul/18)

1. Basic Information:

PLEASE PRINT

Name:	
Hockey ID#	Date of Birth:
Address:	Postal Code:
Association:	Phone No.:
Division by Age:	Division Requested:

2. Hockey History:

Season	Association	Division/Team

3. Reason(s) for Requesting Exemption:

4. Ice times and venue where player may be evaluated (2-3 times):

Contact Name:	Phone:

5. Requested by:

Player: _____

All parties MUST sign.

Parent: _____

Association President: _____

The player may not compete in the requested lower age division until approval has been granted by the respective Managing Director according to PCAHA Rules and Regulations, which allow special permission to be granted for a Minor "C" or non-HC-carded Female team to register a player of the next age division up ***in cases where, because of small size or weak ability, the player would be unable to compete in his or her normal age division.*** The player may be moved back to his/her normal age division if it is determined that he/she can compete in his/her normal age division, regardless of size.

6. Managing Director's Decision:

FOR THE CURRENT SEASON ONLY

Assessed by: _____

_____ Approved

Managing Director: _____

_____ Denied

Date: _____