

Midland Amateur Hockey League Player Move-Up Request Form



This form is to be used when requesting a house player move-up to a higher level of competition. While this request is not encouraged, the League realizes that there may be some situations where special requests are necessary. This form is for those situations. This form is not to request any other special requests. The League will do its best to accommodate your request, but cannot guarantee it.

Your move-up request must be submitted to the House Director **one week prior** to player taking the ice during draft (evaluation) skates.

The following guidelines are used by the MAHL for player movement.

- The House Director will maintain overall player-number balance between all teams and divisions to meet the MAHL Budget.
- Player movement can be initiated by the House Director
- The Executive Committee will maintain final endorsement of all player division changes.

USA Hockey Rules permit a player to "play up", but players should not generally "play up" more than one age classification. For example, an 8 year old player may play up one age group so he/she could play for the 10 and under team, if the House Director and MAHL will allow it to occur. In some cases, based on the skill or size of the group, even though the child or his/her parents want them to play up, a move-up will not be granted. **Nothing in USA Hockey's rules requires an association to allow any player(s) to play up.**

In order to play-up, the player must demonstrate a skill level that would place him/her in the upper third of the first year age bracket for the division that the player is requesting to move into. The House Director, Coaching Director and the head coaches as a group will determine if the individual meets the above criteria during the draft (evaluation) skates. Even if the player demonstrated the skill level to place him/her in the upper third of the first year age bracket for the division that the player is requesting to move into that is not a guarantee the player will be allowed to play up. Other factors such as number of players on a team and overall competitiveness of the divisions will be taken into account as well. The House Director will have final say on the play-up request.

Name of Player: _____ Date of Birth: _____

Parents Name: _____

Contact Number: _____

Contact Email: _____

Requested Age Group: Mite Squirt PeeWee Bantam Midget

Players requesting a move-up will need to register for their age appropriate group prior to the draft. Then they will need to attend the draft (evaluation) skate for their age group and the age group they are requesting to be moved into.

**Player Move-Up
Risk Acknowledgement and Liability Waiver**



Print Name of Participant: _____

I hereby acknowledge that I have petitioned, in writing, the Directors of the Midland Amateur Hockey league to permit my child to participate at an age level that is one year in age above USA Hockey's recommended guidelines.

I understand and appreciate that the risk of injury may be greater and that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold the Midland Amateur Hockey League, its officers, sponsors, and participants, the Michigan Amateur Hockey Association and USA Hockey, Inc. harmless from any and all liability, loss, expenses, attorney's fees, or claims for injury or damages caused as the result of my request.

I understand that the Midland Amateur League's decision to move my child to the next higher age group is preliminary and reserves the right to reverse its decision if it is felt that your child is not capable of participating at the higher age level when his/her performance is observed in actual game situations by the Coaches, the MAHL House/Travel Director and MAHL Coaching Director.

I understand and agree to respect all these conditions of participation in USA Hockey Programs.

Participants Signature: _____ Date: _____

Parent/Guardian Names: _____

Parent Guardian Signature: _____ Date: _____

Parent Guardian Signature: _____ Date: _____