

Lake of the Woods Youth Hockey Association

Acceleration OR Age Level Change Petition

Please read the Age Level Change Policy (available online) before completing this form

Coaches meet regularly and as part of their agenda, will occasionally consider moving players from one group to another. Changing groups can be very complicated because it involves comparing and considering many different variables such as skill level, maturity, size, and even the dynamics of the groups in question. Also, in the conversation are many subtle factors, which are affected including, but not limited to; group size, coaching ratios, precedent setting etc.

We believe that rigid group guidelines will sometimes create placements that are inappropriate. For this reason, we are willing to accommodate players when a true exception arises. With that said every situation is different, and there are many gray areas in assigning groups: someone will always be the oldest the best, the weakest or the youngest. While sometimes these are reasons to consider changing groups, occupying these niches at different times in a player's career offers valuable benefits that seeking change to avoid them would undercut. A panel of coaches will consider your request based on our criteria and philosophies (available on our website) and make a decision that is in the best interest of 1. The child; and 2. The program. By the time you have filled out this sheet, there is a good chance that coaches have already thought about the same move you are asking us to consider. We will always respond with a brief explanation of our decision and recommendations.

It is important to remember that changing groups is an EXCEPTION not an ever-present option for players or their parents. Coaches will be very judicious in considering changes and will only do so when the exceptional situation arises.

Fill-out the bottom of this form and return to Samantha Lyon at slyon@lwarena.com.

Name of Skater: _____ Date of Birth: _____

Current Age Level: _____ Requested Age Level: _____

Name of Person filling out request: _____ Phone number: _____

Reason(s) for request: _____

Date Submitted: _____ Reviewed By: _____

Action Taken: _____
