



South Carolina
Scholastic Hockey Association
2025-2026 Pool Player Application

The purpose of the player pool is 1) to fill team needs and 2) to provide players who attend a school that is not affiliated with a SCSHA team or players whose affiliated team is at maximum capacity a chance to play. Players whose school affiliated team is at maximum capacity may be placed in the player pool.

Contact Information:

Player _____ Cell _____
Email _____ Parents _____
Cell _____ Email _____
Address _____

Player Information:

Date of Birth: _____ Grade: _____
High School: _____
Position: _____ Height: _____
Weight: _____ Division Preference: _____ National (Checking) _____ Palmetto (Non-checking) Hockey Experience – (Include positions and highest level played)

Website and Team Brochure Authorization:

It is acceptable to post my son's / daughter's player information along with a photo on team or league website / brochure.

Parent Signature: _____ Date: _____

Form Submission Instructions:

All pool players must fill out this form and submit it to the league secretary along with a \$100.00 deposit made out to the SCSHA. Once the form and payment have been received, the executive board will place the player on a team.

Your deposit will be forwarded to your team once you have agreed to play for the assigned team.

If you decide not to play for your assigned team, you will not be reassigned and your deposit will be refunded, less a \$20.00 administration fee.

Direct questions to: Kirby Brownfield kab@useipi.com cell 803.917.1360

Mail to: SCSHA c/o Kirby Brownfield
105 Otter Trail, West Columbia, SC 29169