

Huron Hockey and Skating Association Blackhawk Amateur House Hockey League B 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 unique 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 prioritize the MAHA Best Practices when considering this request and therefore the request is not guaranteed.

Your move-up request must be submitted to the HHSA Board **one week before** the player taking the ice during draft (evaluation) skates.

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

- The HHSA Board will maintain the overall player-number balance between all teams and divisions to meet the **HHSA Budget**.
- The HHSA Board will follow guidelines and standards set before them by the American Development Model, USA Hockey, and MAHA District 7 guidelines. These guidelines and standards are set to encourage proper individual development and strive to keep Amateur Hockey a safe sport both physically and emotionally.
 - Player movement can be initiated by the HHSA Board.
- The HHSA Board 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 8U player may play up to one age group so he/she could play for the 10U team if the HHSA Board and HHSA 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.

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 HHSA Board, the 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 the number of players on a team and the overall competitiveness of the divisions will be considered as well. The HHSA Board will have the final say on the play-up request.

Name of Player: _____
Parents Name: _____
Contact Number: _____
Contact Email: _____
Requested Age Group: _____
Date of Birth: _____

Players requesting a move-up will need to register for their age-appropriate group before 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 HHSA Board and Blackhawk 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, but the risk of serious injury does exist.

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

I understand that the Huron Hockey and Skating Association'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 a higher age level when his/her performance is observed in the actual game situations by the Coaches, the HHSA House/Travel Director, and the HHSA 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: _____