Olds Minor Hockey Association:
Underage Player Acceleration Request-to-Tryout Form

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Please complete this form to request a player acceleration tryout for the upcoming season. A printed version of this form may be emailed to: registrar@oldsminorhockey.com. Acceleration tryout requests must be received by the Association by the registration deadline in the evaluation year the player is requesting acceleration for.

Name of Player Requesting Acceleration: _____

Age Division the Player is Required to Register for (please circle one):

U7 U9 U11 U13 U15 U18

Age Division the Player is Requesting Acceleration to (please circle one):

U9 U11 U13 U15 U18

I/We are applying for player acceleration on grounds of the following "exceptional abilities" in the following developmental areas (please circle all that apply):

Skill Speed Strength Compete Commitment Character Hockey Sense

Supporting documentation is required to complete this application. Have you attached the required supporting documentation? Yes No

❏ I consent to this request for acceleration tryout.

Player Signature: _____
Date: _____

❏ The $250 non-refundable player acceleration application and tryout fee is included with this application.
❏ I consent to this request for acceleration tryout.
❏ I have read and understand the Association's "Underage Player Acceleration Policy and Procedure", and attest that my child meets applicable clauses of the "*Age Division Standards for Acceleration Consideration" section*.

Player Parent/Guardian Signature: _____
Date: _____

FOR OFFICE USE ONLY:
Acceleration Tryout Application Meets Policy: Yes No
Date of Decision:_____