



**GARDEN CITY HOCKEY ASSOCIATION – CHANGE OF AGE DIVISION REQUEST**

Please submit this form to the Garden City Hockey Association board of Directors.

Consideration on a case to case basis will take into account the following:

- a) If the spot requested would prevent another player in the requested age group from participating.
- b) If the players lack of ability will put him/her at risk for injury - Skill level to be determined by previous coach and coach of team player is requesting to move up to.

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Player's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Age Division: \_\_\_\_\_

Requested Age Division: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Approval: \_\_\_\_\_ Print Name: \_\_\_\_\_

Current Head Coach

Signature of Approval: \_\_\_\_\_ Print Name: \_\_\_\_\_

Head Coach of Requested Age Division

Please return to [gchapresident@gmail.com](mailto:gchapresident@gmail.com) or Association Registrar [greenly3016@gmail.com](mailto:greenly3016@gmail.com)

**FOR BOARD USE ONLY**

Request Approved:  Request Denied:  Date: \_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_