



# "Over-Age" Exemption Request form

Requests must be submitted to the NWD for approval prior to the player participating in any league, exhibition or tournament games. Mark "X" for the applicable request;

\_\_\_\_\_ **Over-Age** (OA) requests will be considered in accordance with BC Hockey Policy and NWD Reg 7.

**Request Date (D/M/Y):** \_\_\_\_\_

**Association:** \_\_\_\_\_

**Players Name:** \_\_\_\_\_ **HC #:** \_\_\_\_\_

**Players Birthdate (D/M/Y):** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age as of Dec 31** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_ **and/or Size Description** \_\_\_\_\_

**Designated Division:** \_\_\_\_\_ **Requested Division:** \_\_\_\_\_

**Please note Female and/or Integrated division for designated and/or Requested.**

**Playing History:**

**Season:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Division** \_\_\_\_\_

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**Season:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Division** \_\_\_\_\_

**Added Remarks/Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE\*** An Evaluation maybe requested for OA.

Declaration: We, the undersigned understand that the player may not participate in the requested division until approval has been granted. We understand the NWD reserve the right to **rescind** the approval based on a review of the player's performance in the approved division.

X \_\_\_\_\_  
Parents Name (print)

X \_\_\_\_\_  
Parents Signature

X \_\_\_\_\_  
Association President (print)

X \_\_\_\_\_  
Presidents Signature

\_\_\_\_\_

**NWD Office Use Only**

Date Received: \_\_\_\_\_

Approved / Not Approved  
(circle one)

Date: \_\_\_\_\_

NWD Name: \_\_\_\_\_ NWD Signature: \_\_\_\_\_