



Ice Hockey ACT (IHACT) Playing Up in Grade Application Form – 2016

This is for players aged less than 18 years who are registered in a lower age grade and wish to play up in a higher age grade including Senior B, C & D.

All requests must be submitted to the IHACT Board for final approval. Junior players who have not completed a playing up form and received approval from the IHACT board will not be permitted to play in Senior Leagues.

SECTION 1. (To be completed by the player/member)

I, _____ (family and given name), born ___/___/___ and registered in _____ (grade) request permission to participate in the _____ (higher age grade) competition conducted by IHACT.

I acknowledge that the intent of this form is to ensure that orderly play of the game of ice hockey and the safety, health and welfare of all participants. I acknowledge that by being younger than those in the higher age grade, I may be exposed to an increased risk of injury or damage to my health.

_____/_____/_____
SIGNATURE DATE

SECTION 2. (To be signed by player’s parent or guardian)

I, the parent / guardian of the above player, acknowledge that there may be an increased risk of injury should my son / daughter, who registered in a lower age grade, to ‘play up’ in the nominated higher age grade. This consideration notwithstanding, I believe he / she is sufficiently fit and skilled to play in the higher age grade and hereby give my consent.

_____/_____/_____
NAME SIGNATURE DATE

SECTION 3. (To be signed by the Junior Coach, Senior League Coach & IHACT Coaching Director)

We, the coaches of lower and higher age grades related to the above player’s request, acknowledge this request and the possible risks involved in playing up in a higher age grade. We believe he / she is sufficiently fit and skilled to play in a higher age grade and hereby give our approval for he / she to play ice hockey in the nominated higher age grade.

_____/_____/_____
GRADE NAME SIGNATURE DATE

_____/_____/_____
GRADE NAME SIGNATURE DATE

_____/_____/_____
IHACT COACHING DIRECTOR SIGNATURE DATE

(Where a playing grade does not have a head coach, section 3 may be completed by the level 1 qualified team coach)

Once completed, an electronic copy of this form is to be submitted to secretary@ihact.org.au for review and approval by the IHACT Board. Email notification will be sent to the player, coach and team manager.

RECEIVED BY IHACT BOARD: _____ APPROVED: YES NO DATE: ___/___/___