



---

## Hockey Nova Scotia Overage Player Policy - Player Application Form

### Personal Information:

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: (day, month, year) \_\_\_\_\_

Parent Name: (first, last) \_\_\_\_\_

Contact Information: (phone and/or email) \_\_\_\_\_

Date form Completed: (day, month, year) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### Player's Hockey Background:

Home Association(s) - \_\_\_\_\_

| Levels Played | Team Name | Season (Year Played) |
|---------------|-----------|----------------------|
|               |           |                      |
|               |           |                      |
|               |           |                      |

**Please state briefly why this player should be considered by Hockey NS to play at a lower level than his/her age allows. Please include all pertinent information including any medical or health issues that should be considered. Please complete on a separate page.**

**The player's home association must complete an assessment of the player's hockey abilities as compared to other players of his/her age group. This assessment should include the player's skating, puck control, shooting abilities and physical stature. Please find form attached.**



---

**HNS Player Assessment Form For Overage Players (to be complete by HA)**

Player's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Association: \_\_\_\_\_  
Assessment Completed by: \_\_\_\_\_  
HA President/Designate: \_\_\_\_\_

**Skating Ability: (1) Poor (2) Average (3) Good (4) Very Good (5) Excellent, Comments**

Skating Forward: \_\_\_\_\_  
Skating Backward: \_\_\_\_\_  
Balance and Agility: \_\_\_\_\_

**Puck Control: (1) Poor (2) Average (3) Good (4) Very Good (5) Excellent, Comments**

Passing: \_\_\_\_\_  
Shooting: \_\_\_\_\_  
Protects Puck: \_\_\_\_\_

**Coachability: (1) Poor (2) Average (3) Good (4) Very Good (5) Excellent, Comments**

Attentive: \_\_\_\_\_  
Communicative: \_\_\_\_\_  
Physical Stature: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Co-ordination: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_  
MHA Official Signature: \_\_\_\_\_  
Date Completed: \_\_\_\_\_