

OVERAGE PLAYER REQUEST APPLICATION**APPLICATION DETAILS**

All overage player requests, as per Ringette BC policy, must be submitted to the league no later than November 1 of the current playing season.

Please print this form and submit it to your league, along with any supporting documentation such as medical doctor notes, etc.

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| Athlete Name: | Phone #: |
| Email: | Date of Birth: |
| What division athlete should be playing in based on age: | Home Association |
| Division requesting to play in: | Requested Caliber |
| Have you made this request in the past? YES NO | If yes, has this request been approved in the past? YES NO |
| Please select the reason for your request: <i>**Select all that apply</i> | <input type="checkbox"/> Player is physically or mentally unable to play at their designated age level. <input type="checkbox"/> Player demonstrates uncharacteristically weak ringette skills <input type="checkbox"/> An Association designated in a remote area. |

Please provide a detailed explanation of the reason you are requesting that An Overage Player play in a different aged division:

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| Please print a copy and send to: | Attn: Executive Director #258 - 6450 Roberts Stret, Burnaby, BC V5G 4E1 | | |
| Questions? Email us at: | executivedirector@bcringette.org | | |
| Submitted By: (Parent or Guardian) | Signature | Date: | |
| Association President Approval: | Signature | Date: | |
| League President Approval: | Signature | Date: | |