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HNS Overage Player Policy [Section #2] Midget Division - 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	Season (year played)

1. Please state briefly why this player should be considered by HNSMC/FC to play in the Midget Division, a level lower than his/her age allows. Please include all pertinent information including documentation from school officials indicating that this player is registered as a full time High School student during the year in question as well indicating why this player is unable to continue to play hockey in his/her region without this HNS approval.

(Please complete on a separate sheet)

2. MHA APPROVAL

MHA President [signature] _____

Date _____

