

PLAYER MOVEMENT 2025-2026

All Players are expected to play for their Resident Club, District, or Operating Area (as per Hockey Canada, Hockey Alberta and Hockey Edmonton Bylaws, Regulations and Directives).

In keeping with a player first focus, we recognize, however, that there may be a unique set of extenuating circumstances where, upon application to the Player Movement Committee <u>permission may be granted to tryout</u> with an alternative club, or the alternate district or operating area within the district where the player resides.

Player Movement requests will be granted only in consideration of extenuating circumstances.

Application Process

The following is the detailed process for a minor hockey player / family to follow when requesting permission for Player Movement.

- 1. For each player that applies for Player Movement prior to the application deadline, Hockey Edmonton will contact the respective Club, District or Operating Area to attain their support, or lack of, for the respective application.
- 2. If the Resident Club, District or Operating Area does not support the player request; the application will be forwarded to the Player Movement Committee for review and decision.
- 3. If consent is granted by both parties, Hockey Edmonton will advise the applicant and the respective Club,
 District or Operating Area Registrars such that the parties can take the next steps in the registration process.
- 4. In the case that an affected party is dissatisfied with the decision, the Hockey Edmonton Appeals process may be accessed.

Players <u>can skate</u> with either their resident or the accepting CLUB, DISTRICT, OPERATING AREA while this application is pending – players who participate in a tryout skate/session prior to the completion of the PMC process forfeit all rights and will remain with their resident Club, District, or Operating Area.

THIS APPLICATION MUST BE SUBMITTED TO THE HOCKEY EDMONTON OFFICE PRIOR TO

May 31, 2025

Submit Application and all Relevant Supporting Documentation to:

glenn.sommerville@hockeyedmonton.ca or Hockey Edmonton 10618 124 St. Edmonton, AB T5N 1S3

Please direct inquiries to Glenn Sommerville at 780 413-3498 or glenn.sommerville@hockeyedmonton.ca

This form shall be completed, in its entirety, by any player – who wishes to start their 2025-26 Try Outs with a CLUB, DISTRICT, or OPERATING AREA that is not their RESIDENT CLUB, DISTRICT, or OPERATING AREA.



PLAYER MOVEMENT 2025-2026

Hockey ID#:	Date of Birth:	
Last Name:	(mm First Name:	*****
Address:	City:	, <u>AB</u> PC:
Ph. #:	Email:	
Please Identify Reasons for F	Player Movement:	
There is no Team in	n my age Division in my Resident CLUB, DISTRICT,	or OPERATING AREA
	Dut for a Team within a CLUB, DISTRICT, or OPERA strict or Operating Area.	TING AREA of a higher Category than is availa
My Resident CLUB,	DISTRICT, or OPERATING AREA has a team but it	is FULL (17 skaters, 2 goaltenders). Goaltender? YES NO
My Resident CLUB, together so we had	DISTRICT, or OPERATING AREA and this CLUB, DI	STRICT, or OPERATING AREA joined
	chough for a team	
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PLAYER MOVEMENT 2025-2026

This section of Player Movement Application to used only if player is released from U15 AAA, U17 AAA, or U18 AAA and is requesting to start AA Tryouts at a Club other than the Player's Resident Club. Players Name / Contact Information: Last Name:______First Name:_____ dd yyyy)

Middle Initial: Address:________, AB_ PC:_______ Ph. #:______ Email:_____ **Please Identify Reasons for Player Movement:** I would like to apply for an Exception as I have extenuating circumstances (as noted in the attached supporting documentation) Please ensure that your application and submission are complete, including any additional information (i.e. - letters from CLUB, DISTRICT, or OPERATING AREA) that you wish make the committee aware of. Players cannot skate with their either their resident or the accepting CLUB, DISTRICT, or OPERATING AREA while this application is pending We understand and acknowledge that permission, if granted, is for a single year only and that the player will be returned to their Resident Club, District or Operating Area at the end of the season. Signature: Parent/Guardian Name: Submit all relevant materials to: glenn.sommerville@hockeyedmonton.ca THIS APPLICATION MUST BE SUBMITTED TO THE HOCKEY EDMONTON OFFICE PRIOR TO May 31, 2025 In person: 10618 124 ST Via e-mail: glenn.sommerville@hockeyedmonton.ca Approvals to be sought by Hockey Edmonton Resident CLUB, DISTRICT, or OPERATING AREA Information: Resident CDOA: Last Team: President's Name:____ Signature: Ph. #: Accepting CLUB, DISTRICT, or OPERATING AREA Information: Anticipated Team:_____ Accepting CDOA: President's Name: Signature: Email: Ph. #: **Hockey Edmonton: STATUS** Approved/Denied Signature______Date:_____