



RRYHA PLAY-DOWN REQUEST FORM | 2026-27 SEASON
(Medical/Disability-Based Requests Only — Per MN Hockey Policy)

1. Player Information

Player Name:	
Birth Date:	
Current Division (by birth year):	
Requested Division (play-down level):	
Parent/Guardian Name (print):	
Parent/Guardian Signature:	
Phone:	
Email:	

2. Reason for Request

Please describe the nature of your request, specifying the medical condition or disability and reason for requesting a play-down. (Attach physician’s letter)

Brief Summary:

3. Required Medical Documentation

Attach a **signed statement from a licensed physician** that includes:

- A description of the player's physical or mental disability
- An explanation of how playing at the designated age-appropriate level would pose an abnormal risk to the player's health, safety, or well-being
- An explicit statement confirming no abnormal risk for participation at the requested lower level
- Player's current height, weight, and birth date

Physician Name: _____

Phone: _____

Email: _____

4. Acknowledgement & Consent

I understand that this request is subject to RRYHA Executive Board review, Minnesota Hockey District 12 approval, and final USA Hockey Minnesota District Registrar decision. I acknowledge there is no appeal process for denied requests.

Parent/Guardian Signature: _____

Date: _____

5. Submission Process

Deadline: Submit no later than **October 1, 2026**

- Submit by **October 1st, 2026** to:
 - **By Mail (Youth HOC / Girls HOC):**
RRYHA, P.O. Box 511, Virginia, MN 55792
 - **By Email:**
Tim Christensen (Youth HOC): t.christensonrrgyhd@gmail.com
Noel Lind (Girls HOC): LINDNO3718@gmail.com
- *All documents must be in original, signed hard copy or PDF scan of signed originals (no e-signatures).*

6. Approval Process

- Reviewed by RRYHA President, HOC, and Association Registrar
- Forwarded to District 12 Director for approval
- Sent to MN Hockey District Registrar for final ruling

Play-down placement: *If approved, player must compete at the lowest competitive level available within RRYHA.*

FOR ADMIN USE ONLY

Approved by:

President:	
HOC:	
Association Registrar:	