



**RRYHA PLAY-DOWN REQUEST FORM | 2025-26 SEASON**  
*(Medical/Disability-Based Requests Only — Per MN Hockey Policy)*

**1. Player Information**

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

**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:**

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### **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:** \_\_\_\_\_

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### **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:** \_\_\_\_\_

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### **5. Submission Process**

**Deadline:** Submit no later than **October 1, 2025**

- Submit by **October 1<sup>st</sup>, 2025** to:
  - **By Mail (Youth HOC / Girls HOC):**  
RRYHA, P.O. Box 511, Virginia, MN 55792
  - **By Email:**  
Chummer Denny (Youth HOC): [chummer\\_fc\\_green@hotmail.com](mailto:chummer_fc_green@hotmail.com)  
Tim Christensen (Girls HOC): [t.christensonrrgyhd@gmail.com](mailto:t.christensonrrgyhd@gmail.com)

*\*All documents must be in original, signed hard copy or PDF scan of signed originals (no e-signatures).*

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### **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.

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**FOR ADMIN USE ONLY**

Approved by:

<b>President:</b>	
<b>HOC:</b>	
<b>Association Registrar:</b>	