

Owatonna Youth Hockey Association

PETITION TO MOVE UP

Player's Name _____
Last First Date of Birth

Parent/Guardian Name _____
Last First Phone Number Email

Parent/Guardian Name _____
Last First Phone Number Email

Age Appropriate Level _____ Desired Level _____

Previous seasons coach: _____
Name Phone number

Reason for request:

Move-Up Policy: Once your player goes through tryouts (if approved) for the higher level, he/she cannot move back down to his/her previous level unless approved by the Hockey Director. The player must play the season on the team he/she makes within the level the player tried out. This application must be submitted **BEFORE** OYHA registration. Submit to the Administrative Director at oyha.adm.director@gmail.com

Player's signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Approved: _____ Denied: _____