Elk River Youth Hockey Association
Mite Move-Up Request Form

Submit to: Ryan Eason | eryhadirector@gmail.com

SECTION 1 — PLAYER INFORMATION

Player Full Name: _____

Date of Birth: _____ USA Hockey Member #: _____

Current Age Level: _____ Previous Season Team: _____

Previous Season Association: _____

SECTION 2 — PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship: _____

Email Address: _____

Phone (Primary): _____ Phone (Secondary): _____

SECTION 3 — MOVE-UP REQUEST DETAILS

Requesting Move-Up To: _____ ☐ Discretionary Move-Up ☐ Grade Level Move-Up

Brief reason for request:

SECTION 4 — ELIGIBILITY CONFIRMATIONS (INITIAL EACH LINE)

☐ Player is currently registered with ERYHA in good standing.

☐ Player is also registered at their age-appropriate level at the time of this request.

☐ Player played at the Mite or 8U level the previous season.

☐ This is our only Discretionary Move-Up request during this player's tenure with ERYHA.

☐ We understand roster availability determines open spots, announced 7 days before Squirt tryouts.

☐ We understand the Board will issue a written decision within 7 days of the start of Squirt tryouts.

SECTION 5 — ACKNOWLEDGMENT & CONDITIONS

By signing, I acknowledge and agree to ALL of the following:

- Full season fees due at confirmation if approved. No installment plans without Board approval.
- NO REFUNDS for move-up players, except documented injury credits. Tryout fee is non-refundable.
- Player must score in top 5 skaters to be eligible for Squirt A / U10A.
- Once participating in the Move-Up tryout, player may NOT return to Mites regardless of outcome.
- Player accepts assigned roster placement. Approval may be rescinded for safety or program reasons.
- This is a one-time lifetime request. Board decision is final.

_____ _____ _____

Parent / Guardian Signature Printed Name Date

_____ _____

ERYHA Director / Board Officer Signature Date

SECTION 7 — FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Roster Spots Available: _____ Eligible (Y/N): _____

Board Decision: ☐ APPROVED ☐ DENIED Decision Date: _____

Deciding Officer: _____

Notes: