

Barron-Chetek Youth Hockey Association

PLAYER ADVANCEMENT REQUEST FORM

Please complete the form per season **by Dec 31**, per player request. Email the completed form to info.bcyha@gmail.com or deliver to a BCYHA Board Member.

REQUEST:

If requesting to play on multiple teams, check both boxes

Current Level: ☐ 6U Mini-Mites ☐ 8U Mites ☐ 10U Squirts ☐ 12U Peewees ☐ 14U Bantams

Requested Level: ☐ 6U Mini-Mites ☐ 8U Mites ☐ 10U Squirts ☐ 12U Peewees ☐ 14U Bantams

Season for Request: _____

PLAYER INFORMATION:

First & Last Name: _____

Date of Birth: _____

Current Team: _____

Current Association: _____

Hockey Position(s): _____

Years Playing: _____

REQUESTOR INFORMATION:

☐ Parent/Guardian Request ☐ Coach Recommendation ☐ Association/Board Request

Requestor Name: _____

Relationship to Player: _____

Email: _____

Phone: _____

Reason for Request - *Please describe the reason for your request:*

Signature of Requestor: _____

Date Submitted: _____

Signature of Player: _____

Date Submitted: _____

COMPLETED BY COACH / BOARD:

☐ Approved by Board ☐ Approved by Coach

Date: _____

☐ Declined: _____

Date: _____

Special accommodations/restrictions: _____
