Big Rapids Junior Hockey Association

Application for Level Advancement of Player

***This application is required for any player who wishes to "play up" in a level rather than the age-appropriate level designated by MAHA and USA Hockey. The application will be reviewed by the BRAJHA Board, and will only be granted if it meets specific requirements.**

NAME:_____ DATE OF BIRTH:_____

LEVEL PLAYED IN PRIOR SEASON:_____

DESIRED LEVEL TO PLAY IN UPCOMING SEASON:_____

REASON FOR ADVANCEMENT (please circle one, or more than one):

Skill/Ability Family Reasons (ie, father-coach, sibling-teammate)

Physical Maturity Travel Considerations

PLEASE ADD ADDITIONAL REASONS, CONSIDERATIONS, AND COMMENTS FOR ADVANCEMENT:

_____

_____

_____

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SIGNATURE OF PARENT/GUARDIAN(S):_____