

Yankton Area Ice Association

TEAM SELECTION REQUEST

Complete details available on www.yanktonice.org

Player Name: First _____ MI ____ Last _____

Date of Birth: _____ Year in School: _____

Mailing Address: _____

City/St/Zip: _____

Home e-mail: _____ Home Phone: _____

Father: _____ email: _____ cell: _____

Mother: _____ email: _____ cell: _____

CURRENT AGE-QUALIFIED LEVEL OF PLAY: _____

REQUESTED LEVEL OF PLAY: _____

If approved for consideration, an evaluation time will be shared with the player. Spectators are not allowed to observe the evaluation proceedings. Parent-coaches will not be allowed to participate in the evaluations at any level.

Following evaluation, the player and family will be notified of the decision from a member of the evaluation team. Any approved players will not be able to “play down” to the previous level for any reason.

AUTHORIZATION

Player:

I acknowledge that I am interested in playing at the next higher level of team play for YAIA and understand that an evaluation process will be used to determine the appropriateness of this request. I further understand that the decisions made by those evaluating, the coaches, and the YAIA Board of Directors are final.

Player signature _____ Printed Name _____ Date: _____

Parents/Guardians:

I/We acknowledge that we have given permission to our child to request playing at a higher level than is otherwise determined by his/her age. I/We further understand the consequences and hazards of playing at a higher level and assume the responsibilities for this decision. I/We will accept the final determination of those evaluating, the coaches and the YAIA Board of Directors and will consider those decisions as final.

Parent/Guardian _____ Printed Name _____ Date: _____

Coaches:

We have received notification of this play-up request and agree to follow the Play-up Policy in the YAIA Member Handbook.

Coach Signature: _____ Team level _____

Coach Signature: _____ Team level _____