

APPLICATIONS FOR EXCEPTIONAL STATUS TO TRYOUT, TOGETHER WITH PAYMENT OF THE PRESCRIBED FEE, MUST BE SUBMITTED BY MARCH 1<sup>ST</sup> (Spring tryouts) OR AUGUST 1<sup>ST</sup> (Fall tryouts) TO BE CONSIDERED

#### WMHA EXCEPTIONAL PLAYER STATUS POLICY

Adopted by resolution of the Board on March 1, 2021 Amended April 15, 2022

Waterloo Minor Hockey Association (WMHA) does not encourage players to play above their age division and supports Hockey Canada's recommendation that minor hockey players should develop and play within their age division. However, the Representative Teams Management Committee ("Rep Committee") may consider applications for players to seek exceptional status to tryout for a team that is one (1) age division older, subject to and in accordance with this Exceptional Player Status Policy (this "Policy").

This Policy applies to players at the U10 age division and above. For players at the U9 division and below, the ALLIANCE Hockey Policy On Playing Up for Players 8 & Under must be followed.

For players at the U10 age division and above seeking exceptional status to tryout at one (1) age division older, the following rules apply:

- 1. Grants of exceptional status to tryout are restricted to the AAA category only.
- 2. Only residents of a Waterloo AAA Zone centre (Centre Wellington, Drayton, Tavistock, Twin Centre, Waterloo and Woolwich) may apply for exceptional status. All out-of-zone waived players must try out only in their own age division and must play in their own age division.
- 3. The maximum number of players from a lower age division that the Rep Committee may grant exceptional status to tryout at for a team that is one (1) age division older is limited to one (1) player per position (i.e. 1 forward, 1 defenceman and 1 goalie).
- 4. A grant of exceptional status to tryout is valid for one (1) season only.
- 5. A grant of exceptional status to tryout does not guarantee placement on a team. If exceptional status to tryout is granted by the Rep Committee, the player granted such exceptional status must be ranked by the applicable Head Coach as the top 1-2 defenceman, the top 1 goaltender or the top 1-3 forward during tryout assessments for the higher age division to which he is attempting to move in order to be offered a roster spot on such team.
- Players attending pre-tryout camps or mini-camps must register and participate at their own age division.
- 7. Player movement is limited to one (1) age division older.
- 8. An application for exceptional status to tryout, together with payment of the prescribed fee, must be submitted to WMHA in full by March 1<sup>st</sup> (for Spring tryouts) or August 1<sup>st</sup> (for Fall tryouts) to be considered. **No exceptions**.
- 9. An applicant must be in good standing with WMHA to be considered for exceptional status.
- 10. The Rep Committee may approve a maximum of 2 applications per season.
- 11. The decision of the Rep Committee on grants or refusals of exceptional status is final and not subject to appeal. Application fee is non-refundable.



#### **Application Procedure**

- 1. Applicant submits an application and the prescribed fee by March 1<sup>st</sup> (for Spring tryouts) or August 1<sup>st</sup> (for Fall tryouts). The application shall consist of:
  - a. \$200 application fee
  - b. Player Information
  - c. Playing History Form
  - d. Player's Personal Response
  - e. Coach Recommendation (current coach) submitted directly by coach
  - f. Coach Assessment (prospective coach) submitted directly by coach
  - g. Teacher Recommendation submitted directly by teacher
- 2. Rep Committee reviews application based on the following criteria:
  - a. The player must possess exceptional hockey skills that are superior to players in his own age division and be capable of competing with the highest ranked players one age division above, as substantiated by the Coach Recommendation and Coach Assessment.
  - b. The player must possess exceptional socio-emotional skills that match his exceptional hockey skills, be well rounded in all aspects of his development, as substantiated by the Teacher Recommendation.
  - c. The Rep Committee will also consider the overall impact of any movement on the competitive position of the teams involved and WMHA's AAA program overall, as well as the safety of the player.
- 3. Rep Committee renders its decision to grant or refuse exceptional status and communicates such decision to the player and applicable coaches three (3) to seven (7) days prior to the first tryout date for the team at the age division above.
- 4. If exceptional status is granted, player may tryout for the AAA team one (1) age division above his birth year in accordance with this Policy.



PLAYER/AP	PPLICANT INFORMATION
First Name:	Last Name:
Date of Birth:(DD/MM/YYYY)	
Address:	
Current Team:	Category:(AAA, AA, MD, HL, etc)
acknowledge that the above-named player/ap team one (1) age division above his/her birth y refuse such exceptional status is final is final a	applicant and his/her parent/guardian mutually confirm and opplicant is seeking exceptional status to tryout for the AAA year and that any decision by the Rep Committee to grant or and not subject to appeal. The below named parent/guardian olication fee submitted with this application is not refundable.
Player Signature:	Name (Print):
Parent/Guardian Signature:	Name (Print):
	Office use only Dication fee received.

#### PERSONAL PLAYER RESPONSE

Please complete the following Question on a separate document. Only typed submissions will be accepted (Word or PDF format).

What are your long-term goals (in hockey, career, etc.) and what characteristics do you have that help you achieve your goals? Within your response, please provide specific examples to support the characteristics you have described and why you feel you should be granted "Exceptional Player" status?



### **PLAYING HISTORY FORM**

Please complete the information below for the past three (3) seasons:

Season	Team	Player Stats	Accomplishments (Individual & Team)



### **COACH RECOMMENDATION (Current Coach)**

Coach Name: Cur	rent S	Seaso	n Tea	am:							
Coach Email: Coa	ach P	hone:									
Player Name: Dat	e:					-					
	Wea	k			Average				Exception		
Coachability: Does the player accept coaches'	1	2	3	4	5	6	7		9	10	
feedback, work on areas discussed and respect the coaching staff?											
<b>Motivation:</b> The degree to which they are driven to achieve the goals the player sets forth.	1	2	3	4	5	6	7	8	9	10	
<b>Effort:</b> Is the player consistent in their effort; whether it is a practice or a game?	1	2	3	4	5	6	7	8	9	10	
<b>Teamwork:</b> Are they a team player? Do they get along well with their teammates, coaches, and others associated with the team?	1	2	3	4	5	6	7	8	9	10	
<b>Self-Awareness:</b> Are they capable of understanding the impact they have on their teammates and those around them?	1	2	3	4	5	6	7	8	9	10	
<b>Leadership:</b> Has the player demonstrated leadership attributes among their peers?	1	2	3	4	5	6	7	8	9	10	
<b>Persistence:</b> Is this player capable of staying on track despite any obstacles that might pop up?	1	2	3	4	5	6	7	8	9	10	
<b>Integrity:</b> Is their pattern of behavior consistent with being honest and authentic?	1	2	3	4	5	6	7	8	9	10	
<b>Social Skills:</b> Are they able to build and maintain relationships with peers?	1	2	3	4	5	6	7	8	9	10	
<b>Optimism:</b> Is this player able to see the good in those around them? Do they bring out the best others?	1	2	3	4	5	6	7	8	9	10	
<b>Citizenship/Community:</b> Do they give back to their surrounding community and make a positive impact for others?	1	2	3	4	5	6	7	8	9	10	
Overall Assessment: Are they a mature, responsible citizen who makes a positive impact on those around them?	1	2	3	4	5	6	7	8	9	10	
Additional Comments:  Optional: On a separate sheet of paper, please provyou feel would complement this application.	vide a	ny ad	dition	al info	rmatio	n abo	out the	e apr	olicar	nt that	
Coach Signature:											

Coaches, please submit this recommendation form directly to WMHA

via email: office@waterloominorhockey.com



### **COACH RECOMMENDATION (Prospective Coach)**

Coach Name: Current Season Team:						
Coach Email:	Coach Phone:					
Player Name:	Date:					
Additional Comments:						
By my signature below, I hereby affirm that the that are superior to players in his own age diviranked players one age division above his birth	a above-named player possesses exceptional hockey skills ision and would be capable of competing with the highest year.					
Coach Signature:						

Coaches, please submit this recommendation form directly to WMHA

via email: office@waterloominorhockey.com



### **TEACHER RECOMMENDATION**

Teacher Name: School:											
Teacher Email: Grade:						_					
Student Name: Da			ite:								
		Weal				Average	<b>e</b>		E	xcept	ional
<b>Academic Grades:</b> Please rate the student's academic average.	overall	1	2	3	4	5	6	7	8	9	10
<b>Motivation:</b> The degree to which they are dri achieve the goals the student sets forth		1	2	3	4	5	6	7	8	9	10
<b>Self-Awareness:</b> Are they capable of understand impact they have on their classmates and those them?	ling the around	1	2	3	4	5	6	7	8	9	10
<b>Persistence:</b> Is this student capable of staying of despite any obstacles that might pop up?	n track	1	2	3	4	5	6	7	8	9	10
<b>Integrity:</b> Is their pattern of behavior consiste being honest and authentic?		1	2	3	4	5	6	7	8	9	10
<b>Social Skills:</b> Are they able to build and m relationships with peers?		1	2	3	4	5	6	7	8	9	10
<b>Optimism:</b> Is this student able to see the good in around them? Do they bring out the best others?	1 those	1	2	3	4	5	6	7	8	9	10
<b>Teamwork:</b> Is able to contribute to the succession of the classroom?	ss and	1	2	3	4	5	6	7	8	9	10
Citizenship/Community: Do they give back t surrounding community and make a positive impothers?		1	2	3	4	5	6	7	8	9	10
Overall Assessment: Are they a mature, respicitizen who makes a positive impact on those them?		1	2	3	4	5	6	7	8	9	10
Additional Comments:											
<b>Optional:</b> On a separate sheet of paper, plea you feel would complement this application.	se prov	ride a	ny ad	dition	al info	rmation	n abo	out the	e app	olicar	nt that
Teacher Signature:	_										

Teachers, please submit this recommendation form directly to WMHA via email: <a href="mailto:office@waterloominorhockey.com">office@waterloominorhockey.com</a>