

WATERLOO MINOR HOCKEY ASSOCIATION PLAYER ACCELERATION POLICY & APPLICATION



APPLICATIONS FOR EXCEPTIONAL STATUS TO TRYOUT, TOGETHER WITH PAYMENT OF THE PRESCRIBED FEE, MUST BE SUBMITTED BY AUGUST 1ST TO BE CONSIDERED

WMHA EXCEPTIONAL PLAYER STATUS POLICY

Adopted by resolution of the Board on March 1, 2021

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.
6. 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 August 1st to be considered. **No exceptions.**
9. An applicant must be in good standing with WMHA to be considered for exceptional status.
10. 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.

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Application Procedure

- 1. Applicant submits an application and the prescribed fee by August 1st. The application shall consist of:**
 - a. \$250 application fee (non-refundable)
 - 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.**

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PLAYER/APPLICANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____
(DD/MM/YYYY)

Address: _____

Current Team: _____ Category: _____
(AAA, AA, MD, HL, etc)

Attestation:

By signing below, the above-named player/applicant and his/her parent/guardian mutually confirm and acknowledge that the above-named player/applicant is seeking exceptional status to tryout for the AAA team one (1) age division above his/her birth year and that any decision by the Rep Committee to grant or refuse such exceptional status is final is final and not subject to appeal. The below named parent/guardian further acknowledges and agrees that the application fee submitted with this application is not refundable.

Player Signature: _____ Name (Print): _____

Parent/Guardian Signature: _____ Name (Print): _____

Office use only

Application 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?

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PLAYING HISTORY FORM

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

Season	Team	Player Stats	Accomplishments (Individual & Team)

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COACH RECOMMENDATION (Current Coach)

Coach Name: _____ Current Season Team: _____

Coach Email: _____ Coach Phone: _____

Player Name: _____ Date: _____

	Weak		Average				Exceptional			
	1	2	3	4	5	6	7	8	9	10
Coachability: Does the player accept coaches' feedback, work on areas discussed and respect the coaching staff?	1	2	3	4	5	6	7	8	9	10
Motivation: 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
Effort: 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
Teamwork: 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
Self-Awareness: 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
Leadership: Has the player demonstrated leadership attributes among their peers?	1	2	3	4	5	6	7	8	9	10
Persistence: 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
Integrity: Is their pattern of behavior consistent with being honest and authentic?	1	2	3	4	5	6	7	8	9	10
Social Skills: Are they able to build and maintain relationships with peers?	1	2	3	4	5	6	7	8	9	10
Optimism: 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
Citizenship/Community: 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 provide any additional information about the applicant that you feel would complement this application.*

Coach Signature: _____

Coaches, please submit this recommendation form directly to WMHA via email: office@waterloominorhockey.com

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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 above-named player possesses exceptional hockey skills that are superior to players in his own age division and would be capable of competing with the highest ranked players one age division above his birth year.

Coach Signature: _____

**Coaches, please submit this recommendation form directly to WMHA
via email: office@waterloominorhockey.com**

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TEACHER RECOMMENDATION

Teacher Name: _____ School: _____

Teacher Email: _____ Grade: _____

Student Name: _____ Date: _____

	Weak				Average				Exceptional			
Academic Grades: Please rate the student's overall academic average.	1	2	3	4	5	6	7	8	9	10		
Motivation: The degree to which they are driven to achieve the goals the student sets forth	1	2	3	4	5	6	7	8	9	10		
Self-Awareness: Are they capable of understanding the impact they have on their classmates and those around them?	1	2	3	4	5	6	7	8	9	10		
Persistence: Is this student capable of staying on track despite any obstacles that might pop up?	1	2	3	4	5	6	7	8	9	10		
Integrity: Is their pattern of behavior consistent with being honest and authentic?	1	2	3	4	5	6	7	8	9	10		
Social Skills: Are they able to build and maintain relationships with peers?	1	2	3	4	5	6	7	8	9	10		
Optimism: Is this student 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		
Teamwork: Is able to contribute to the success and cohesion of the classroom?	1	2	3	4	5	6	7	8	9	10		
Citizenship/Community: 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 provide any additional information about the applicant that you feel would complement this application.*

Teacher Signature: _____

**Teachers, please submit this recommendation form directly to WMHA
via email: office@waterloominorhockey.com**