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## **Hockey Nova Scotia Overage Player Policy - Player Application Form**

### **Personal Information:**

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: (day, month, year) \_\_\_\_\_

Parent Name: (first, last) \_\_\_\_\_

Contact Information: (phone and/or email) \_\_\_\_\_

Date form Completed: (day, month, year) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### **Player's Hockey Background:**

Home Association(s) - \_\_\_\_\_

Levels Played	Team	Season (year played)

Please state briefly why this player should be considered by HNSFC to play at a lower level than her age allows. Please include all pertinent information including any medical or health issues that should be considered. (complete on a separate sheet)

The player's home association must complete an assessment of the player's hockey abilities as compared to other players of *her age group*. This assessment should include the player's skating, puck control, shooting abilities and physical stature. (form attached)

## **HNS Player Assessment Form For Overage Players (to be complete by FHA)**

Player's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Association: \_\_\_\_\_  
Assessment Completed by: \_\_\_\_\_  
FHA President/Designate: \_\_\_\_\_

### **Skating Ability: (1) Poor (2) Average (3) Good (4) Very Good (5) Excellent, Comments**

Skating Forward: \_\_\_\_\_

Skating Backward: \_\_\_\_\_

Balance and Agility: \_\_\_\_\_

### **Puck Control: (1) Poor (2) Average (3) Good (4) Very Good (5) Excellent, Comments**

Passing: \_\_\_\_\_

Shooting: \_\_\_\_\_

Protects Puck: \_\_\_\_\_

### **Coachability: (1) Poor (2) Average (3) Good (4) Very Good (5) Excellent, Comments**

Attentive: \_\_\_\_\_

Communicative: \_\_\_\_\_

### **Physical Stature:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Co-ordination: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_

FHA Official Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_