



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

# HOCKEY ALBERTA Substitute Goaltender Request Form

This form shall be completed, in its entirety, **by any MHA / Club Team who wishes to request the use of a "Substitute Goaltender" during any scheduled League, Tournament or Provincial game.** The intent of this document is to track the application and approval of replacement goaltenders and to ensure all concerned parties are informed of the application. **Please note that a Substitute Goaltender will only be permitted if all affiliates are also unavailable.** Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

**-PLEASE PRINT-**

**PART A**

Team Name: \_\_\_\_\_ MHA (if Minor Hockey): \_\_\_\_\_

Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

President/GM Name: \_\_\_\_\_ Phone: \_\_\_\_\_

President/GM Signature: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Injured Goaltenders Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

**Please Identify the Division and Category of hockey the injured goaltender plays:**

- |                                 |                                 |                                 |                                 |                                 |                            |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Junior | <input type="checkbox"/> Midget | <input type="checkbox"/> Bantam | <input type="checkbox"/> Peewee |                            |
| <input type="checkbox"/> AAA    | <input type="checkbox"/> AA     | <input type="checkbox"/> A      | <input type="checkbox"/> B      | <input type="checkbox"/> C      | <input type="checkbox"/> D |

League Name: \_\_\_\_\_ League President/Governor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

League President/Governor Signature: \_\_\_\_\_

**Reason Affiliated Goaltender(s) cannot be used:**

\_\_\_\_\_  
\_\_\_\_\_

**PART B**

Name of Goaltender Requested: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Team Name: \_\_\_\_\_ MHA (if Minor Hockey): \_\_\_\_\_

League Team Plays in: \_\_\_\_\_

**Please Identify the Division and Category of hockey the requested goaltender plays:**

- |                                 |                                 |                                 |                                 |                                 |                            |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Junior | <input type="checkbox"/> Midget | <input type="checkbox"/> Bantam | <input type="checkbox"/> Peewee |                            |
| <input type="checkbox"/> AAA    | <input type="checkbox"/> AA     | <input type="checkbox"/> A      | <input type="checkbox"/> B      | <input type="checkbox"/> C      | <input type="checkbox"/> D |

Coach Name: \_\_\_\_\_ Signature: \_\_\_\_\_

President/GM Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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

**IF REQUESTED FOR MEDICAL REASONS:**

**PHYSICIANS INFORMATION - PLEASE PRINT**

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extent of Layoff: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**IF REQUESTED FOR EXTENUATING CIRCUMSTANCES:**

**- PLEASE PRINT -**

Reasons for Unavailability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extent of Layoff: \_\_\_\_\_

COUNCIL REP COMMENTS: _____	
_____	
_____	
COUNCIL REP NAME: _____	
COUNCIL REP SIGNATURE: _____	DATE: _____