



ALBERTA FEMALE HOCKEY LEAGUE PLAYER ACCELERATION APPLICATION

PLAYER ACCELERATION APPLICATION

THIS APPLICATION MUST BE SUBMITTED TO HOCKEY ALBERTA BY July 1

Hockey Alberta's Female Hockey programs place a focus on the development of players within their specific age group, and not to displace players from their age Division by facilitating the movement of underage players. Underage players will only be considered if they are deemed to be an "Exceptional Player".

Members hosting U18 "AAA" Teams can apply for an underage player to receive "Exceptional Player" status. Applications must be submitted to the Female Hockey ADM Committee on or before July 1, provided the player meets the following criteria:

- a) Player must be a second-year U15 aged player (14 year old), no exceptions;
 - b) Applicants must fill out, in its entirety, the Female ADM Player Acceleration Application package and provide all the necessary documentation requested;
 - c) Hockey Alberta will evaluate the application based on the applicant's on-ice ability as well as their physical and emotional maturity;
 - d) Underage players, should they be granted a tryout, must tryout with the association that is closest to their permanent residence. No underage players will be granted a second try-out at the accelerated division;
 - e) Decisions will be communicated to the player and applicable Host MHA(s) in writing on or before August 1.
- Applications must include:
 - Personal Information;
 - Playing History (including statistics from the past three seasons);
 - Personal Resume; it should include academic standing, athletic achievements, leadership activities, community service, other extra-curricular activities (sports, clubs, etc), academic awards and work experience (if any);
 - Personal Response (outlined on the following page);
 - Current Coach recommendation (utilizing the attached form);
 - Current Teacher (or School Administrator) recommendation (utilizing the attached form);
 - Endorsement letter from Resident Association and U18 AAA they are seeking a tryout with.
 - How Selections will be made
 - Applicants will only be considered if they are selected to attend the U16 or U18 Team Alberta Summer Camps;
 - Applicants will be evaluated by the Female ADM Committee and Team Alberta;
 - Applications will be reviewed on their individual merit; taking into account the physical, emotional and social maturity of the athlete;
 - Feedback will be collected from the players Resident MHA or the MHA last registered with;
 - Applicants will be notified of the decision on or before August 1.

**Applications can be submitted to Hockey Alberta via email to Kendall Newell,
knewell@hockeyalberta.ca**



ALBERTA FEMALE HOCKEY LEAGUE PLAYER ACCELERATION APPLICATION

Player's Information:

Date of Birth: _____ / _____ / _____ (mm/dd/yyyy) Email: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____, AB PC: _____

Resident MHA: _____ Current Team: _____

PERSONAL RESPONSE:

Please complete the following the Personal Response 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 will help you achieve your goals? Within your response, please provide specific examples to support the characteristics you have described.

PLAYING HISTORY:

Please complete the information for the past three seasons (you may provide more if you wish)

Season	Team	Category/Level	Statistics	Individual/Team Accomplishments



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COACH RECOMMENDATION FORM

DATE: _____

Player's Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Coaches Name: _____ Current Team: _____

Coaches email: _____ Coaches Phone: _____

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
Team Work 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	

Coaches Name(Printed): _____ **Signature:** _____

ON A SEPARATE SHEET OF PAPER: Please provide any additional information about the applicant that you feel would compliment this application.

Coaches, please submit this recommendation form directly to Hockey Alberta via email to Kendall Newell, knewell@hockeyalberta.ca



ALBERTA FEMALE HOCKEY LEAGUE
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TEACHER RECOMMENDATION FORM

DATE: _____

Player's Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Grade: _____ Current School/Insitution: _____

Teachers email: _____ Teachers Phone: _____

Table with 2 columns: Category (e.g., Scholastic Capabilities, Motivation, Self Awareness, Persistence, Integrity, Social Skills, Optimism, Team Work, Citizenship/Community, Overall Assessment) and Rating (1-10). Includes an Additional comments row at the bottom.

Support:

School : _____ Subject Taught/Focus: _____

Teachers Name (Printed): _____ Signature: _____

ON A SEPARATE SHEET OF PAPER: Please provide any additional information about the applicant that you feel would compliment this application.

Teachers, please submit this recommendation form directly to Hockey Alberta via email to Kendall Newell, knevell@hockeyalberta.ca