



**DEADLINE TO SUMMIT FORM IS NOVEMBER 15**

**8U PLAYER REQUEST TO MOVE UP TO 10U – Playing Season: \_\_\_\_\_**

**Player information** (Print or Type)

Player Name: \_\_\_\_\_ Birth Date: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Association: \_\_\_\_\_

Person requesting move up: Coach/Parent Name: \_\_\_\_\_

President's Printed Name and Signature approving move-up: \_\_\_\_\_

- The USA Hockey American Development Model (ADM) supports small teams at the 10U Squirt Level. Under certain circumstances, associations may move players from 8U to 10U with the approval by regional directors and 8U section director.
  1. Association needs skaters to fill a **14** player 10U roster to make a first, second or third team.
  2. A need for goalie at 10U to be filled by an 8U goalie.
  3. Other need identified by association.
- Per WAHA Eligibility and General Rules, 50% of players on an approved roster must be the age of the registered team. (WAHA Rules & Regulations, **ARTICLE 1-REGISTRATION, ELIGIBILITY, GENERAL RULES**, paragraph K)
- **NO 7 year old (i.e. two birth years under 10U) will be approved to play up to 10U.**
- Players moving up under category #1 are must to be placed on the lowest level team the association offers at the 10U level.
- For associations that wish to allow an exceptionally talented player to skate at the 10U level, the player must be ranked in the top 1/3 of the players on the top level team. Association must provide proof to region directors and 8U section director that the player did, in fact rank in the top 1/3 of the skaters on the top team following team evaluation tryouts.
- 8U Girls wanting to play on 10U Girls Team
- WAHA Region Directors and 8U Section Director make all final approval decisions for ALL skaters playing up from 8U to 10U.

**Check category for request to move up:**

( ) Association needs skaters to fill a **14** player 10U roster to make a first, second or third team

( ) A need for goalie at 10U to be filled by an 8U goalie

( ) Other need identified by association (Explain) \_\_\_\_\_

Send completed form to 8U Section Director Don Bradford, 610 N 11<sup>th</sup> Street, Wausau, WI 54403 or email to [610bradford@gmail.com](mailto:610bradford@gmail.com) (Section Director will forward request to the proper Region Directors for action to be taken. Association will be notified by Region Directors for approval or disapproval).