

# LVSHL PLAYER PETITION

## 2025 - 2026 Season

PLAYER'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

TEAM: \_\_\_\_\_ POSITION: **F**      **D**      **G**

YEARS OF HOCKEY EXPERIENCE: \_\_\_\_\_

HAS PLAYER PLAYED TRAVEL HOCKEY:      Yes      No      FOR WHAT TRAVEL TEAM: \_\_\_\_\_

LEVEL SHOULD BE PLAYING AT: \_\_\_\_\_ LEVEL REQUESTING TO PLAY AT: \_\_\_\_\_

REASON FOR PLAYER PETITION:

PARENT SIGNATURE: \_\_\_\_\_

By checking this box the signer has electronically signed this document.

HEAD COACH SIGNATURE: \_\_\_\_\_

By checking this box the signer has electronically signed this document.

DATE LVSHL APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_