



## ALBERTA FEMALE HOCKEY LEAGUE PLAYER ACCELERATION APPLICATION

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### 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 Midget "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 Bantam aged player, 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, by way of government roadways, 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 Midget 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.



## ALBERTA FEMALE HOCKEY LEAGUE PLAYER ACCELERATION APPLICATION

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

### **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



## ALBERTA FEMALE HOCKEY LEAGUE PLAYER ACCELERATION APPLICATION

### COACH RECOMMENDATION FORM

DATE: \_\_\_\_\_

**Player's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Current Team: \_\_\_\_\_

Coaches email: \_\_\_\_\_ Coaches Phone: \_\_\_\_\_

<b>Coachability</b> 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
<b>Motivation</b> 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
<b>Effort</b> 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
<b>Team Work</b> 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
<b>Self Awareness</b> 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
<b>Leadership</b> Has the player demonstrated leadership attributes among their peers?	1 2 3 4 5 6 7 8 9 10
<b>Persistence</b> 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
<b>Integrity</b> Is their pattern of behavior consistent with being honest and authentic?	1 2 3 4 5 6 7 8 9 10
<b>Social Skills</b> Are they able to build and maintain relationships with peers?	1 2 3 4 5 6 7 8 9 10
<b>Optimism</b> 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
<b>Citizenship/Community</b> 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
<b>Overall Assessment</b> 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
<b>Additional comments</b>	

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](mailto:knewell@hockeyalberta.ca)*



# ALBERTA FEMALE HOCKEY LEAGUE PLAYER ACCELERATION APPLICATION

## TEACHER RECOMMENDATION FORM

DATE: \_\_\_\_\_

### Player's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Grade: \_\_\_\_\_ Current School/Insitution: \_\_\_\_\_

Post-Secondary Applicants:

Concentration: \_\_\_\_\_ Degree Progress: \_\_\_\_\_

<b>Scholastic Capabilities</b>	1 2 3 4 5 6 7 8 9 10
<b>Motivation</b> The degree to which they are driven to achieve the goals the student sets forth	1 2 3 4 5 6 7 8 9 10
<b>Self Awareness</b> Are they capable of understanding the impact they have on their classmates and those around them?	1 2 3 4 5 6 7 8 9 10
<b>Persistence</b> Is this student capable of staying on track despite any obstacles that might pop up?	1 2 3 4 5 6 7 8 9 10
<b>Integrity</b> Is their pattern of behavior consistent with being honest and authentic?	1 2 3 4 5 6 7 8 9 10
<b>Social Skills</b> Are they able to build and maintain relationships with peers?	1 2 3 4 5 6 7 8 9 10
<b>Optimism</b> Is this student 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
<b>Team Work</b> Is able to contribute to the success and cohesion of the team	1 2 3 4 5 6 7 8 9 10
<b>Citizenship/Community</b> 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
<b>Overall Assessment</b> 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
<b>Additional comments</b>	

### 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.

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