



**PROCEDURES FOR PLAYERS PLAYING DOWN A DIVISION  
YOUTH(Y QO GP)UFIELD DIV TO YOUTH(Y QO GP)UFIELD DIV**

**Requests must be submitted by September 15 of the current year**

**GUIDELINES**

All players should register and play in the division and tier according to their birth date. However some circumstances make it very difficult for this to occur and exceptions can be made providing the proper steps are followed.

**The only exception are based on size, skill level and any disabilities.**

Under no circumstances will a player be given permission to play down on a tier 1 team except when that is the only team available in that division for that association.

Any player approved to play down is not allowed to be called up to any team in the division they were aged down from.

**EXAMPLE:**

A U19, U17 OR U15 aged player cannot play down on a U17, U15 OR U13 Tier 1 Team.

**No player who has been given permission to play down during league play will be allowed to participate as a player for the team in the Provincials.**

**PROCEDURES**

All requests to play down a division will require the Request for Player Movement form to be completed in full and submitted to the appropriate Commission Executive for approval.

All requests must be submitted by the Association president or their designate and will be reviewed, assessed & approved or declined by the Commission Executive.

If approved copies of documentation must be forwarded to the Field Directorate Registrar & Vice Chair of Youth Field or Vice Chair of Women's Field.



**REQUEST FOR A YOUTH/WOMEN'S FIELD PLAYER TO PLAY DOWN**  
**Youth to Youth/Women's to Women's**  
*Request must be submitted by September 15 of the current year.*

Date of Request: \_\_\_\_\_

Field Lacrosse Commission: \_\_\_\_\_

Community Association: \_\_\_\_\_

Home Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Player's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(Day/Month/Year)

**REQUEST FOR MOVEMENT TO**  
**PLAY DOWN A DIVISION FROM \_\_\_\_\_ TO \_\_\_\_\_ DIVISION**

Previous number of years playing lacrosse: \_\_\_\_\_

Briefly provide reasons to support this request:

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

**ANY PLAYER THAT PLAYS DOWN IN A LOWER DIVISION WILL NOT BE**  
**ELIGIBLE TO PLAY IN PLAYOFFS OR A PROVINCIAL CHAMPIONSHIP.**

**Signature of Parent or Guardian:**  
\_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Association President or Designate:**  
\_\_\_\_\_  
Date: \_\_\_\_\_

**Authorization of Commission:**  
Approved       Declined       Date: \_\_\_\_\_