



## **PROCEDURES FOR PLAYERS PLAYING DOWN A DIVISION**

### **MINOR BOX DIVISION to MINOR BOX DIVISION 2025**

*Requests must be submitted by April 1 of the current playing 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 exceptions are based on size, skill level and any disabilities.

UNDER NO CIRCUMSTANCES WILL A PLAYER BE GIVEN PERMISSION TO PLAY DOWN ON AN "A" TEAM EXCEPT when that is the only team available in that division for that association.

#### **EXAMPLE:**

A U13, U15 OR U17 AGED PLAYER CANNOT PLAY DOWN ON A U11 ADVANCED, U13 A1 OR A2, OR U15 A1 OR A2 TEAM.

#### **PROCEDURES**

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

If approved, copies of documentation are forwarded to the Minor Directorate Registrar.

**REQUEST FOR A MINOR BOX PLAYER TO PLAY DOWN 2025**

*Requests must be submitted by April 1 of the current playing year.*

DATE OF REQUEST: \_\_\_\_\_

MINOR LACROSSE COMMISSION: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

CONTACT TELEPHONE NUMBER (S) \_\_\_\_\_

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

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

REQUEST FOR MOVEMENT TO:

PLAYDOWN A DIVISION FROM \_\_\_\_\_ TO \_\_\_\_\_ DIVISION

PREVIOUS YEARS EXPERIENCE PLAYING LACROSSE \_\_\_\_\_

BRIEFLY COMMENT ON REASONS TO SUPPORT THIS REQUEST

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**ANY PLAYER WHO PLAYS DOWN IN A LOWER DIVISION MAY BE ELIGIBLE TO PLAY IN PLAYOFFS, ZONE/COMMISSION CHAMPIONSHIPS OR FOR PROVINCIAL CHAMPIONSHIP PLAY (Reg 7.02(e))**

Signature of Parent  
Or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Association  
President/Designate \_\_\_\_\_

Date: \_\_\_\_\_

Authorization of Commission:

Approved or Declined

Date: \_\_\_\_\_