

SPECIFIC CRITERIA TO MEET FOR MOVE UP 6U TO 8U DIVISION

PLAYER NAME: _____ DATE OF ASSESSMENT: _____
COMPLETED BY: _____ MOVE UP: YES OR NO

Falls

- Number of falls recorded during skating evaluation: _____

Hockey Stops

- Two passes with stops at both blue lines and center ice: Yes / No
- Clean stops at 4 of 6 positions on each skate, ready position: Yes/ No
 - Right Side: Yes / No
 - Left Side: Yes / No
 - Backward: Yes / No

Backward Skating

- Skate backwards from center ice to goal line: Yes / No
- Initiate backward skating from stop (ready) position: Yes / No
- Forward Crossovers: Yes / No
- Good crossovers on figure 8's around two face-off circles at least one way with weaker crossovers on other skate but some ability displayed: Yes / No

Skating

- Able to sprint to center ice and back from goal line: Yes / No

Puck Control

- Able to carry puck across ice with lateral dribble: Yes / No
- Able to show some acceleration with puck: Yes / No

Passing and Receiving

- Able to make forehand and backhand pass to coach from at least 20 feet: Yes / No
- Must be able to receive and control soft pass on forehand at least 3 of 6 times: Yes / No

Shooting

- Must be able to hit net with wrist and backhand shot from each face-off dot 4 of 6 times from each side: Yes / No

Goalkeeping

- Basic stance: Yes / No
- Parallel shuffle: Yes / No
- Lateral T-glide: Yes / No
- Forward and backward moves: Yes / No
- Stick save: Yes / No
- Body save: Yes / No
- Glove save: Yes / No
- Recovery: Yes / No

Evaluator Comments:

OCHA/MAHA Indemnification Agreement-Player Move-Up Effective September 28, 2020

To the extent authorized by the laws of the State of Michigan, I/We, _____ parent(s)/legal guardian(s) of _____, minor, shall indemnify and hold the Michigan Amateur Hockey Association and/or OCHA and its officers, directors, and agents, harmless from and against any and all claims, demands, damages, liabilities and costs incurred by the Michigan Amateur Hockey Association and/or OCHA which directly or indirectly result from, or arise in connection with, any act or omission of the Michigan Amateur Hockey Association and/or OCHA pertaining to the approval of minor, to participate at the _____ level for the season.

Signature of Parent(s)/Guardian(s)

Relationship to minor _____

Date Signed _____

Team Name _____

Association _____