

# Massachusetts Hockey Player Movement Waiver Form

*This form will be used when requesting a waiver for an 8U player to play on a 10U team.*

Association Name: \_\_\_\_\_  
Association Contact: \_\_\_\_\_  
Association Code: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

## WAIVER REQUEST

\_\_\_\_\_ is requesting a waiver for \_\_\_\_\_  
(Association Name) (Total # of Requests)  
player(s) to play on our \_\_\_\_\_ for the 2025-2026 season.  
(Team Name and Level)

We understand that this is a one-year waiver request and is not a guarantee that the player will be allowed to play up.

We are requesting this waiver because of the following reasons:

- ☐ We do not have an 8U program/team for the player(s)
- ☐ Our program does not have enough players to field teams at both the 8U (Mite) & 10U (Squirt) levels
- ☐ Extenuating Circumstances (Please explain below)

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

# of 8U Players in Program \_\_\_\_\_ # of 10U Players in Program \_\_\_\_\_  
# of 8U Teams in Program \_\_\_\_\_ # of 10U Teams in Program \_\_\_\_\_

Our request is for the following player(s):

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please submit the completed form to Player Movement Chair Mark Lissner  
mlissner@mahockey.org