

Morris-Benson Area Storm Hockey

APPLICATION FOR ADVANCED LEVEL OF PLAY

Player's Name _____
Last First Player's Date of Birth

Parent/Guardian Name _____
Last First Phone number

Parent/Guardian Name _____
Last First Phone number

Age Appropriate Level _____ Desired Level _____

Reason for request (Last year's coach and coach at the level the player is requesting to move to may be consulted)

Move-Up Policy. Players wishing to move up to a higher level of play than the level that is recommended for their current age, must make application to do so by completing the "Application for Advanced Level of Play" found in the Appendix. The form along with the check in the amount of the difference of the registration fee for the next level must be submitted to the appropriate association registrar prior to or during the registration process.

I/we understand and appreciate that participation or observation of the sport of ice hockey constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/we understand that participation or observation at an accelerated level could increase this risk of injury or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release the Morris & Benson Hockey Association, its Boards of Directors, its members, its affiliates and its sponsors from any liability therefore. I/we also acknowledge that once this has been signed and approved by MBA Joint Committee. Either parents or guardians must sign below.

Player's signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Joint Committee Approval:

Joint Committee Chair Signature _____ Date _____