

**CAROLINA AMATEUR HOCKEY ASSOCIATION PLAY UP REQUEST &
ACKNOWLEDGEMENT OF RISK AND LIABILITY: GIRLS CONSOLIDATED
TEAMS**

Name of Participant: _____

Birth Date: _____

USA Hockey Age Classification: _____

Association: _____

Consolidated Team: _____

I/We _____, parent(s) or legal guardian(s) of the above named participant request that she be permitted to play on a Girls consolidated team in CAHA and this means she is playing up in the next age classification as defined by USA Hockey.

I understand that USA Hockey and CAHA recommend that players stay in the age classification defined by USA Hockey and stipulated in the USA Hockey Annual Guide as appropriate for their birth year. I understand and appreciate that in playing up, the risk of injury may be greater and that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while rules and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold USA Hockey, Inc., Carolina Amateur Hockey Association, Inc., local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents, employees., harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

Player Name:

Player Signature: _____ Date:

Parent/Guardian Name: _____ Date:

Parent/Guardian Signature: _____ Date: