



# MINNESOTA H O C K E Y PLAYER WAIVER RELEASE FORM

PLEASE PRINT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LEVEL OF PLAY \_\_\_\_\_

Refer to Section IV of the Minnesota Hockey Youth Rules and Regulations for waiver types and restrictions.

School attendance waiver      School \_\_\_\_\_

One year waiver valid for \_\_\_\_\_ - \_\_\_\_\_ season only.

Reason for waiver request: \_\_\_\_\_

Conditions placed on waiver request: \_\_\_\_\_

Initial to acknowledge conditions: Player/Parent \_\_\_\_\_ Receiving Assn \_\_\_\_\_ Dist. Dir. \_\_\_\_\_

### To be filled out by PLAYER or PARENT

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ IS THIS PLAYER ROSTERED ON ANOTHER TEAM? \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

### To be filled out by RELEASING ASSOCIATION PRESIDENT

I hereby approve the above-named player participating with the Association indicated below for one year, or while attending the school indicated above, with conditions as noted.

President: \_\_\_\_\_ District Director: \_\_\_\_\_

Association: \_\_\_\_\_

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

### To be filled out by RECEIVING ASSOCIATION PRESIDENT

I hereby approve the above-named player participating with my Association for one year, or while attending the school indicated above, with conditions as noted.

President: \_\_\_\_\_ District Director: \_\_\_\_\_

Association: \_\_\_\_\_

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