

Ice Wolves Youth Hockey Association

P.O. Box 69

Dodgeville, WI 53533

Director of Hockey: icewolvesdoh@gmail.com



Ice Wolves Youth Hockey Association "Play Up" Waiver Request Form

Ice Wolves Youth Hockey Association allows parents/players to request a WAIVER REQUEST to allow their players to "play up" one age group. Requests will be evaluated by ACE director and affiliated coaches and approved. **Any approval granted will be for one hockey year only (fall through spring).** Requests are by written application only by the parent or legal guardian. While the Ice Wolves Association does not recommend that players play up, the League's leadership does recognize that there may be a number of factors, including but not limited to, size, maturity, hockey experience, and exceptional skills that may warrant a child's ability to play up.

Player's Name: _____

Phone: _____

Parents Name: _____

Player Date of Birth: _____ Actual Age Group: _____

Requested Age Group: _____

I, the parent/guardian of the above-minor child, hereby request my child to play hockey in an age group older than that assigned and recommended by the IWYHA. I am aware that my child will be playing hockey against older and potentially more physically developed players with potentially higher level of hockey skills, and I, therefore, recognize the added risks to my child. In signing below, I accept these risks and accept all and every liability and responsibility stemming from such risks as my own.

Parent/Guardian-Print Name: _____

Parent Signature: _____ Date: _____

(Below is for IWYHA board of Directors Approval process)

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-Approved

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-Denied

Director of Hockey Signature: _____ Date: _____

IWYHA President Signature: _____ Date: _____