



BLAINE YOUTH HOCKEY ASSOCIATION

9250 LINCOLN STREET NE | BLAINE MN 55434 | BYHA.ORG

PLAYER WAIVE-UP APPLICATION FOR ADVANCED LEVEL OF PLAY

Please fill out this form in its entirety and submit to respective Traveling Director for processing. Player must be registered for the requested level of play. One parent or legal guardian must appear during open forum at the scheduled waive up board meeting (typically in September) prior to the commencement of tryouts. Be prepared to present justification for the requested waive up for their child.

Player Full Name: _____ Hockey Season: _____

Birthdate: _____ Position: _____

Scheduled Level: _____ Requested Level: _____

Last Season Association/Team: _____

Parent/Guardian: _____ Phone: _____

Reason for Waive-Up Request

Exceptional Player School Grade Level Other

Justification:

RELEASE OF LIABILITY / ACKNOWLEDGMENT OF RISK / WAIVER

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 voluntarily and knowingly recognize, accept and assume this risk and release Blaine Youth Hockey Association, its Board of Directors, its members, affiliates and sponsors from any liability therefore. I/we also acknowledge that once this has been signed and approved by the Board of Directors of Blaine Youth Hockey, the desired level of play will be the level that the player named above will participate for the above-mentioned season.

Both parents / guardians (if applicable) must sign below.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

BYHA Internal Processing Only

Approved Denied Approved Level: _____

Authorized by: _____ Date: _____