



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: _____