



# BLAINE YOUTH HOCKEY ASSOCIATION

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

## PLAYER WAIVE-UP APPLICATION FOR OLDER AGE LEVEL OF PLAY

Please fill out this form in its entirety and submit/deliver to respective Traveling Director by midnight on the Friday before the "Waive-Up" BYHA board meeting (typically August). Player must be registered for the scheduled level of play and in good standing before submitting this form. One parent or legal guardian must appear during open forum at the "Waive-Up" BYHA board meeting prior to the commencement of tryouts. Be prepared to present justification to the board at the open forum.

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: \_\_\_\_\_