



# Plattsburgh Youth Hockey

## Commitment Form



### INSTRUCTIONS

1. Player, Parent, and Plattsburgh Youth Hockey (PYH) must sign and complete all parts of this form prior to participating with PYH, with the exception of tryouts.
2. Both the Parent and PYH shall keep signed copies of this form.
3. After this form is signed by the Parent, Player, and PYH President, no movement to another youth hockey association will be allowed until the conclusion of the appropriate State or National Tournaments unless there are extenuating circumstances as determined by PYH. A request to be released after this form is signed by all parties and prior to the conclusion of the appropriate State or National Tournaments must be submitted to and approved by the appropriate Section President.

### PART 1

(to be completed by Parent and Player)

By signing below, both the below named player and their parent(s) agree to register and participate on the PYH team stated for the season stated.

<i>Player's Name:</i>		<i>DOB:</i>	
<i>Home Address:</i>		<i>Phone #:</i>	
<i>PYH Team:</i>		<i>Season:</i>	

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Player's Signature*

\_\_\_\_\_  
*Date*

### PART 2

(to be completed by PYH Team Coach)

By signing below, I agree the named player in PART 1 will be registered and participate on the PYH team stated below for the season stated.

<i>PYH Team:</i>		<i>Season:</i>	
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\_\_\_\_\_  
*PYH Team Coach's Signature*

\_\_\_\_\_  
*Date*

### PART 3

(to be completed by PYH President)

On behalf of and at the direction of the PYH Board of Directors, by signing below, I agree the named player in PART 1 will be registered and participate on the PYH team stated below for the season stated.

<i>PYH Team:</i>		<i>Season:</i>	
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\_\_\_\_\_  
*PYH President's Signature*

\_\_\_\_\_  
*Date*