

DISTRICT 6 PLAYER WAIVER REQUEST FORM - THIS IS NOT A PLAYER WAIVER-

REQUEST VALID FOR SEASON: 20____ - 20____

SCHOOL ATTENDANCE PLAYER WAIVER REQUEST	
Name of School Player is/will be attending:	
School Address:	
School District:	Date of Enrollment:
DISCRETIONARY PLAYER WAIVER REQUEST	
Reason for waiver request:	
PLAYER NAME:	PLAYER BIRTH DATE:
CURRENT ASSOCIATION:	PREVIOUSLY ROSTERED TEAM:
PARENT NAME:	
ADDRESS:	PARENT EMAIL:
	PARENT PHONE NUMBER:
OWN RENT	
	If no, please explain:
IS THIS PLAYER IN GOOD STANDING WITH RELEASING ASSOCIATION: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	NO
RELEASING ASSOCIATION REGISTRAR: This information can be found on the associations website.	ACCEPTING ASSOCIATION REGISTRAR: This information can be found on the associations website.
<u>NAME</u>	NAME
EMAIL	EMAIL
HAS THIS ASSOCIATION INDICATED APPROVAL? YES NO	HAS THIS ASSOCIATION INDICATED APPROVAL? YES NO
PARENT SIGNATURE:	DATE:

This form is not a player waiver. This form is a request for a player waiver and is the first step in a three-step process.

Step 1: Complete information listed above and email this request to RELEASING Association Registrar. Upon agreement, RELEASING association Registrar will complete a formal MN Hockey player waiver and return it to requesting parent for signature. Once signed, Registrar will obtain signature from RELEASING association President. Step 2: RELEASING association Registrar will email executed formal player waiver to ACCEPTING association Registrar who will obtain approval and ACCEPTING association President signature. Step 3: Upon completion, ACCEPTING association will email completed waiver to DISTRICT 6 official for approval and signature. Upon final completion, ACCEPTING association is responsible for emailing official player waiver to all parties.

THIS REQUEST IS NOT A GUARANTEE FOR PLAYER WAIVER. ALL THREE STEPS MUST BE APPROVED AND EXECUTED FOR PLAYER WAIVER TO BE CONSIDERED VALID.