

**NEW YORK STATE AMATEUR HOCKEY ASSOCIATION, INC.  
PLAYER/ASSOCIATION COMMITMENT FORM**

INSTRUCTIONS FOR USE:

1. Player/Parent and Association must complete all parts of this form prior to participating with the association, with the exception of tryouts.
2. Both the Player/Parent and the Association shall keep signed copies.
3. After this form is signed by both the Player/Parent and Association, no movement to another association will be allowed until the conclusion of the appropriate State or National Tournaments unless there are extenuating circumstances. 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.

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**PART 1 – To be completed by Player/Parent.**

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I/we agree that the above-named player will be registered and participate on the \_\_\_\_\_ team  
with \_\_\_\_\_ for the season.  
(name of the association)

\_\_\_\_\_  
Signature of Player or Parent (If under 18 years of age)

\_\_\_\_\_  
**Date & TIME**

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**PART 2 – To be completed by the Association's Team Coach.**

I, \_\_\_\_\_ Head Coach, hereby agree that the  
above named player will be registered and participate on my \_\_\_\_\_ team for the season.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART 3 – To be completed by the Association President.**

On behalf of, and at the direction of the Board of Directors of the \_\_\_\_\_ Association,

I, \_\_\_\_\_ President, do hereby agree that the above named player will be registered,

and participate on our \_\_\_\_\_ team for the \_\_\_\_\_ season.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date