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.

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

of the (name of association)_____for the_____season.

_____ _____

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

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

I, _____, Coach hereby agree that the

above named player will be registered, and participate on my _____team

for the _____season.

_____ _____

Coach's Signature Date

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