
PLAYER RELEASE FORM

THE CONNECTICUT HOCKEY CONFERENCE



a

USA Hockey Affiliate



2018-2019 PLAYER RELEASE FORM

USA Hockey Member Association _____

Hereby grants this player:

Name _____

Address _____

Telephone _____ **Date of Birth** _____

His/Her Release To:

USA Hockey Member Program _____

Date _____

Authorized By _____

Title _____

Program Code _____

Submit By Email To: kmludwig@optonline.net OR Mail To: Kathy Ludwig
CHC Eligibility
20 Silver Spring Rd
Wilton, CT 06897
Fax: 203-761-1514
Phone: 203-762-5356

Instructions: Release must be completed by the CHC Program president or authorized agent. Player's parent may not complete a Release. This form can be complete by clicking on each gray box and typing in the required entry, name, address, etc. Program Code must be completed for emailed releases to be accepted. To submit by email, click "File," "Send To," "Mail Recipient." . Enter kmludwig@optonline.net on the "TO" line. Copies may be mailed or emailed to the receiving program and the player. To submit by mail or fax, print out the completed document, sign on line "Authorized By", and send to Kathy Ludwig at the address above. Make sure to save a copy of each release either on your computer or printed.