

**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

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
