

**NEW YORK STATE AMATEUR HOCKEY
ASSOCIATION, INC.
PLAYER /FINANCIAL RELEASE FORM
Revised 8/19/2012**

INSTRUCTIONS FOR USE:

1. Player/Parent requesting release must have form filled out and submitted it to and approved by his/her current Association President prior to skating in tryouts, practices or games for new Association.
2. If Part 2 is **approved**, it must be presented at all tryouts and prior to committing to the new association.
3. If Part 2 is **disapproved**, player may not skate at tryouts of the new Association until the obligations, financial or otherwise are met or the appeal process has been undertaken. **The Association President will give a brief reason for not approving the release.**
4. If player/parent wish to appeal **disapproval** in Part 2, they may do so by forwarding the Player/Financial Release Form to their Section President along with letter of appeal.
5. If Section President upholds original Association's ruling, player/parent may then appeal to the NYSAHA Board of Directors thru the State President.
6. Any player trying out in an age classification that does not lead to a National Championship (as of this writing is Mite 8U and Squirt 10U **and Pee wee 12U**) can obtain this release for the purpose of trying out at another Organization, but will remain committed to his/her present Organization until the conclusion of all Youth/Girls National Tournaments.

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

Date of Release Request: _____

Player's Name: _____

Date of Birth: _____

Home Address: _____ Phone: _____

PART 2 – To be completed by the Association President where the player is currently registered, or most recently registered. Part 2 **must** be completed in a timely manner, not to exceed 10 days. On behalf of, and at the direction of the Board of Directors of the _____ Association, I, _____ President, do hereby **APPROVE/DISAPPROVE** (circle choice) the above named player to tryout, register, and play with another Association. The named player **HAS/HAS NOT** (circle choice) met all obligations, financial or otherwise with our Association. If the request is denied reason: _____

President's Signature

Date
