



2012-13 Mass Hockey Player Movement Waiver Form
(to be used when requesting a waiver for an 8-under player to play on a 10-u team)

Association Name: _____

Association Contact: _____

Contact Phone: _____ Contact Email: _____

WAIVER REQUEST

_____ (Association Name) is requesting a waiver for ____ (Total number of requests) player(s) to play on our _____ (Team Name and Level) for the 2012-13 season. We understand that this is a one-year waiver request and is not a guarantee that the player will be allowed to play up.

We are requesting this waiver because of the following reasons:

_____ We do not have an 8-u program/team for the player(s)

_____ Our program does not have enough players to field teams at both the 8-u/Mite and 10-u/Squirt levels

_____ Extenuating Circumstances (Please explain below)

Our request is for the following player(s):

NAME	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE SUBMIT THE COMPLETED FORM TO WALTER LLOYD, CHAIR OF THE ROSTER COMMITTEE wllloyd@mahockey.org