

Massachusetts Hockey Player Movement Waiver Form

This form will be used when requesting a waiver for an 8U player to play on a 10U team.

Association Name: _____

Association Contact: _____

Association Code: _____

Contact Phone: _____

Contact Email: _____

WAIVER REQUEST

_____ is requesting a waiver for _____
(Association Name) (Total # of requests)
player(s) to play on our _____ for the 2016-17 season.
(Team Name and Level)

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 8U program/team for the player(s)

Our program does not have enough players to field teams at both the 8U (Mite) & 10U (Squirt) levels

Extenuating Circumstances (*Please explain below*)

Our request is for the following player(s):

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please submit the completed form to Player Movement Chair Pat McCarthy at pmccarthy@mahockey.org.