



# MINNESOTA HOCKEY, INC. INTER-AFFILIATE PLAYER RELEASE FORM

PLEASE PRINT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LEVEL OF PLAY \_\_\_\_\_

**To be filled out by Player or Player's Parents Guardian**

Player's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Is this player currently registered with Minnesota Hockey? \_\_\_\_\_

MN Hockey District \_\_\_\_\_ Previous team affiliation: \_\_\_\_\_

Playing Level: \_\_\_\_\_ Classification: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Player wishes to transfer to: Team Name: \_\_\_\_\_

USA Hockey Affiliate: \_\_\_\_\_

Reason for Request (Please include all pertinent details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By affixing my/our signatures below, we attest:

1. The player named herein is duly registered with Minnesota Hockey (a USAH affiliate) and is currently in good standing with both organization's and their respective affiliates.

**A. Copy of USAH's player registration confirmation page is attached to this signed release form.**

2. The player named herein is a resident of the state of Minnesota and, even though playing hockey with another USA Hockey Affiliate, has no plan to change this residency status within the next twelve (12) months.

3. In the event the player named herein does not qualify for a state program above, or in the event the player opts not to participate in a stated program above, the player shall return to Minnesota to participate at the Tier II level (or lower) or resubmit an additional inter-affiliate player release form to accurately reflect where the player is playing.

4. We understand that this Release automatically expires at the end of the current season, which operates from September 1 through August 31 of the current calendar year. If the player wishes to continue participation in a Tier I hockey program outside of Minnesota beyond the season stipulated herein, while retaining Minnesota residency, a new application for Release must be submitted.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if player is under 18 years of age)

I have reviewed this form with those affixing their signatures and have found that all of the requirements defined in the Minnesota Hockey Inter-Affiliate Player Transfer Protocol, as established by the Minnesota Hockey Board of Directors, have been met and do hereby approve this request.

Minnesota Hockey, Inc., By \_\_\_\_\_ its \_\_\_\_\_ Date: \_\_\_\_\_