

**MICHIGAN AMATEUR HOCKEY ASSOCIATION
WISCONSIN AMATEUR HOCKEY ASSOCIATION
INTERSTATE PLAYER RELEASE FORM**

2024 – 2025 Season

DATE ____/____/____

LEVEL OF PLAY _____

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

Player's Name _____ D.O.B _____

Address _____ City _____

State _____ Zip _____ Phone _____

Previous team affiliation (Name and Location) _____

Playing Level _____ Classification _____ Head Coach _____

Proposed New Team/Association (Name and Location) _____

Reason for Request (Please include all pertinent details) _____

By affixing my/our signatures below, we represent that:

1. The player named herein is duly registered with USA Hockey and _____. The player is currently in good standing with both entities and their respective local organizations.
2. The player named herein is a resident of the state of _____ even though intending to play hockey within another SA Hockey Affiliate and has no intention to change this residency status within the next twelve (12) months.
3. The purpose for this request is to enable the player named herein to participate in the sport of ice hockey at the Tier II or III (Michigan Only) level outside of the player's state of residence. To the best of my/our knowledge, there are no sufficient age appropriate programs in my/our local association or surrounding area currently competing at this level for which the player may be an eligible participant.
4. We understand that this Release automatically expires at the end of the current registration season, which operates from September 1 through dates of USA Hockey National Tournaments of the current playing season. If the player wishes to continue participation in a Tier II or III hockey program outside of _____, a new application for Release must be submitted for that registration season.
5. Applicant understands that this request will be presented and processed under rules and/or policies of the respective Resident and Receiving Affiliates.

Player's Signature _____ Date _____

Parent's Signature _____ Date _____

(Required if player is under 18 years of age)

APPROVED/DENIED by Resident Affiliate: _____ Date: _____

APPROVED/DENIED by Receiving Affiliate: _____ Date: _____

APPROVED/DENIED by State Registrar: _____ Date: _____