



THIS FORM IS VOID IF SIGNED PRIOR TO APRIL 10, 2019



2019-20 SEASON WAHA TIER I PLAYER CARD

Player card allows Tier 1 programs in the state to sign up to 50% (max of 10) of their previous season's players starting 48 hours after the completion of Nationals. Teams could sign not more than 1/2 of any position as the players played the previous season: 1 goalie, 5 Defenseman and/or Forwards. The remainder of the spots, not pre-signed, would be competed for at the published tryouts with cards being signed on the WAHA designated date for that season. This would only be available for players that are returning to the same program as they competed for in previous season and for incoming 14U (Bantam Major), 15U, 16U, and 18U boys teams and 14U, 16U, and 19U girls teams. This does not require a program to sign all 10 players at a level or even sign anyone, its only available to those who choose to use it. The decision to sign is ultimately on the player and his or her family.

Player Information (Print or Type)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ USA Hockey Age Classification: _____

Last Season's Team and Organization: _____

Birth Date: (MM/DD/YYYY) ____/____/____ USAH #: _____

IMPORTANT NOTE TO PLAYERS

You and your parents/guardians should be aware that the signing of this form **immediately** and **permanently** binds you to **this** Team for the **entire upcoming season** and you **may not play with any other team** with the exception of:

High School, Junior, Junior College, College or University teams

If you are relying on any representations not included on this form, those representations should be placed in writing and added to the reverse side or attached to this form.

Player's Signature: _____ Date: ____/____/2019

I have read **and understand** this Tier I Player Card, the WAHA Rules regarding Tier I Hockey and the WAHA By-Laws. **In addition, I have received and agree to the financial obligations of this Team for the upcoming season as identified in the Organization Fact Sheet.**

Signature of Parent (Guardian): _____ Date: ____/____/2019

CERTIFICATE OF TEAM REPRESENTATIVE

I hereby certify that as the authorized Team Representative I accept this player for the season and have explained to the player and his/her parents (guardian) all of their financial obligations and the fact that this form **immediately** and **permanently** binds him/her to this Team for the **entire 2019-20 season.**

Team Representative (printed): _____

Team Representative Position: _____ Team Name: _____

Team Representative Signature: _____ Date: ____/____/2019