

WISCONSIN AMATEUR HOCKEY ASSOCIATION INTERSTATE PLAYER RELEASE FORM REQUEST



Wisconsin players who do not reside within a border agreement boundary (i.e. Brat Stop Agreement), who want to be released to play in another state affiliate association, must complete the following steps:

1. The player must apply for a release from their Local Association to start the process to request a release.
2. If the Association approves a release, the player must then apply to the WAHA State Registrar for approval of an interstate transfer using the WAHA Interstate Player Release form which is found under "Forms" on the WAHA website.
3. If the Local Association denies the transfer, the family/skater may appeal the Association's decision using the WAHA Appeals Process. The appeal of a denial of a release request must include written notice from the Local Association of its decision.
4. If the WAHA Appeals Committee reverses the Association decision to not allow a release, and allows for an interstate transfer, the family must complete the Wisconsin Interstate Player Release form and have it signed by the WAHA State Registrar prior to beginning play for the other state affiliate association.

WISCONSIN AMATEUR HOCKEY ASSOCIATION INTERSTATE PLAYER RELEASE FORM

PLEASE PRINT



DATE: ____/____/____

LEVEL OF PLAY _____

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

Player's Name: _____ D.O.B.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Is this player currently registered with Wisconsin Hockey? _____

Wis. Hockey Region _____ Previous Association affiliation: _____

Player wishes to transfer to: Association 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 USA Hockey and Wisconsin Amateur Hockey and is currently in good standing with both organizations and their respective affiliates.
2. The player named herein is a resident of the State of Wisconsin and, even though if allowed to play hockey with another USA Hockey State Affiliate, has no plan to change this residency within the next twelve (12) months.
3. The sole purpose for this request is to enable the player named herein to participate in the sport of ice hockey at the Tier II level in another state affiliate association/program.
4. We understand that this Release automatically expires at the end of the current season, which operates from September 1 through the dates of USA Hockey National Tournaments of the current playing season. If the player wishes to continue participation in a Tier II hockey program outside of Wisconsin, while retaining Wisconsin 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 WAHA Interstate Player Transfer Protocol, as established by the WAHA Board of Directors, have been met and do hereby approve this request.

_____ By _____ its President _____ Date: _____
(print name of local association) (print name) (signature)

Wisconsin Amateur Hockey Assn., Inc., By Tom Hansen, its Registrar _____ Date: _____
(signature)