

NEW YORK STATE AMATEUR HOCKEY  
ASSOCIATION, INC.  
PLAYER /FINANCIAL RELEASE FORM

**Revised 5/23/2010**

INSTRUCTIONS FOR USE:

1. Player/Parent requesting release must have form filled out and submitted it to and approved by his/her current Association President prior to skating in tryouts, practices or games for new Association.
2. If Part 2 is **approved**, it must be presented at all tryouts and prior to committing to the new association.
3. If Part 2 is **disapproved**, player may not skate at tryouts of the new Association until the obligations, financial or otherwise are met or the appeal process has been undertaken.
4. If player/parent wish to appeal **disapproval** in Part 2, they may do so by forwarding the Player/Financial Release Form to their Section President along with letter of appeal.
5. If Section President upholds original Association's ruling, player/parent may then appeal to the NYSAHA Board of Directors thru the State President.
6. **ANY PLAYER TRYING OUT IN AN AGE CLASSIFICATION THAT DOES NOT LEAD TO A NATIONAL CHAMPIONSHIP (AS OF THIS WRITING IS MITE (8U) AND SQUIRT (10U) CAN OBTAIN THIS RELEASE FOR THE PURPOSE OF TRYING OUT AT ANOTHER ORGANIZATION, BUT WILL REMAIN COMMITTED TO HIS/HER PRESENT ORGANIZATION UNTIL THE CONCLUSION OF ALL YOUTH/GIRLS NATIONAL TOURNAMENTS.**

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**PART 1** – To be completed by requesting Player/Parent.

Date of Release Request: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PART 2** – To be completed by the Association President where the player is currently registered, or most recently registered. Part 2 **must** be completed in a timely manner, not to exceed 10 days. On behalf of, and at the direction of the Board of Directors of the \_\_\_\_\_ Association, I, \_\_\_\_\_ President, do hereby **APPROVE/DISAPPROVE** (circle choice) the above named player to tryout, register, and play with another Association. The named player **HAS/HAS NOT** (circle choice) met all obligations, financial or otherwise with our Association.

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\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date