

USA HOCKEY RESIDENCY/PROXIMITY WAIVER REQUEST FORM

INTER AFFILIATE PLAYER REQUEST

2026-2027 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 _____ Email _____

Previous team affiliation (Name and Location) _____

Playing Level _____ Classification _____ Head Coach _____

Proposed new team/affiliation (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 USA Hockey Affiliate and has no intention to change this residency status within the next twelve (12) months.
3. The purpose of this request is to enable the player named herein to participate in the sport of ice hockey at the Tier II or Recreational level outside of the player's Affiliate of Residence. To the best of my/our knowledge, there are no sufficient age-appropriate programs in my/our local association or surrounding area for the player to may be eligible participant.
4. We understand that this waiver automatically expires at the end of the current season, which operates from September 1 through dates of USA Hockey National Tournaments of the current playing season. If the player wishes to continue to participate in a Tier II or Recreational hockey program outside of _____, a new application for waiver must be submitted next registration season.
5. Appeals will be handled by three members of the President's committee.

Player's Signature _____ Date _____

Parent's Signature _____ Date _____

APPROVED/DENIED by Home Affiliate _____, President/Designee Date _____

APPROVED/DENIED by Gaining Affiliate _____, President/Designee Date _____

if appealed APPROVED/DENIED by Affiliate President's Committee _____ Date _____