



VALLEY MULTIPLE TEAM PARTICIPATION AGREEMENT POLICY

Player Name: _____

Player Address: _____

Player DOB: _____

Parent/Guardian Name: _____

Primary Valley Team: _____

Age & Level: _____

Primary Team Coach Signature: _____

Secondary Valley Team: _____

Age & Level: _____

Secondary Team Coach Signature: _____

All signing parties acknowledge:

1. The Player is committed for the current season and has an obligation to attend all "Current Association" games and practices in the event of any scheduling conflicts.
2. All financial obligations must be paid in full to "Current Association".
3. Agreement is not considered a Player Financial Release.
4. The signed agreement must be submitted to the Section President for approval.

Parent/Guardian Signature: _____

Date: _____

Association Registrar Signature: _____

Date: _____

Association President Signature: _____

Date: _____



Valley Youth Hockey Association is an Affiliate Member of USA Hockey Inc.

