



MAHA TREASURE STATE LEAGUE PLAYER WAIVER

Request to waive the requirement of participation in 75% of league games or 50% of league games (high school only) to be eligible to participate in the MAHA State Tournament.

Player Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Age Division: **HS 16U 14U 12U 10U ~~ 14U 16U 19U Girls**

Team Name: _____

Head Coach Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Association Name: _____

Dates player was unable to participate: _____

Reason for Request:

Head Coach Signature: _____

(head coach listed on official USA Hockey roster)

****If this is a medical request, please attach doctor's release form.

MAHA USE ONLY

Date received: _____ Approved: _____ Yes _____ No

If waiver request denied, please explain: _____

MAHA Commissioner signature: _____ Date: _____