



## 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: \_\_\_\_\_