Waiver Request Form-Out of Boundary Player

Date _____

Season for Which Waiver is Requested (years) 2026-2027

Player Full Name _____

Player USA Hockey Registration Number _____

Player Birthdate _____

Age Bracket Level of Play _____

Parent or Legal Guardian Name (s) _____

Legal Resident Address (used for income tax filings)

Number/Street _____
City/State/Zip Code _____
Email Address: _____

Home Association/Team Name _____

Home Rink Name _____

Home Rink Address

Number/Street _____
City/State/Zip Code _____

Proposed Association/Team Name Irish Youth Hockey League

Proposed Rink Name The Ice Box Skating Rink

Proposed Rink Address

Number/Street 1421 S Walnut St
City/State/Zip Code South Bend, IN 46619

Distance in Miles from Legal Resident Address to Home Rink _____

Distance in Miles from Legal Resident Address to Proposed Rink _____

Provide Details to Support Waiver Request

Attach Additional Sheets as needed
Attach Any Supporting Documentation As Appropriate **Effective date**

Approved By _____ Date