



Risk Acknowledgment And Liability Waiver For Players Requesting Play-Up
Easton Youth Hockey Association

Print Name of Participant: _____ Birth Date: _____

Desired Play Up Division: _____

I/We _____, parent(s) or legal guardian

of _____ request that he/she be permitted to Play-Up to the next age division as defined by USA Hockey. I have read and understand the Easton Youth Hockey Association Player Play-Up Policy and agree to all the terms, conditions and eligibility requirements that apply. I understand that requesting a play up does not guarantee the ability to make a team and understand that even if a player makes a play-up team, EYHA reserves the right to reverse that decision for any reason at any time. I assume the risk that if the player is not chosen for the play-up division or is subsequently removed from the division, he/she is potentially forfeiting the ability to play on a select team for the current age division.

I understand that the EYHA recommends that players stay in the age groupings defined by USA Hockey and stipulated in the USA Hockey Annual Guide as appropriate for their birth year.

I understand and appreciate that in playing-up, the risk of injury may be greater and that the risk of serious injury from hockey is significant, while particular rules and personal discipline may reduce this risk, the risk of serious injury does exist. By my child's participation, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold EYHA, its officers, Mid-Am Hockey and USA Hockey, Inc. harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request. I understand and agree to accept these conditions of participation. By submitting this request you also acknowledge your son/daughter still needs to be evaluated to Play-Up. There are no guarantees.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Email signed scanned copy to: eyhamavericks@gmail.com

Mail Signed and Dated Copy to: EYHA, PO Box 30381 Gahanna, Ohio 43230
Attention: Registrar EYHA

