

SOUTHERN AMATEUR HOCKEY ASSOCIATION

PLAY-UP REQUEST & ACKNOWLEDGEMENT OF RISK AND LIABILITY

Name of Participant: _____ Birth Date _____

USA Hockey Age Classification: ____10 U ____12 U ____14U ____16U

Desired Play Up Age Classification: ____12 U ____14U ____16U ____18U

8U male and female players are not allowed to play up to 10U.

I/We _____, parent(s) or legal guardian(s) of the above name participant request that he/she be permitted to play up in the next age classification as defined by USA Hockey. I have read and understand the Southern Amateur Hockey Association (SAHA) Play-Up Policy and agree to all the terms, conditions and eligibility requirements that apply.

REASON FOR REQUEST

I understand that requesting a play up does not guarantee approval and understand that nothing in USA Hockey or Southern Amateur Hockey Association's (SAHA) rules requires an association to allow any player(s) to play up.

I understand that requesting a play up does not guarantee the ability to make a team and understand that even if a player makes an older age classification team, the said Association reserves the right to reverse that decision for any reason at any time.

I understand that USA Hockey and SAHA recommend that players stay in the age classification 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 injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold USA Hockey, Inc., Southern Amateur Hockey Association, Inc., local Associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees., 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 have read and understand the SAHA Play Up Policy and agree to comply with the terms and conditions contained therein:

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____ Date: _____

LOCAL ASSOCIATION ACTION

Once request is approved by local association, documentation will be submitted to SAHA in the form of a completed request form. SAHA reserves the right to deny association approved requests.

_____ Approved _____ Denied

Name of Association _____

Level (circle one): Tier I Tier II A1 A2 House, Other: _____

I certify the Parent/Guardian has received a copy of the SAHA Play Up Policy. If this request is approved, I certify that an independent evaluation of the player's skills was conducted and the player ranks in the top 25% of the players on the **next** age classification team.

Association Representative / Title (Print): _____ Date: _____

Association Representative Signature _____ Date: _____

Please submit this Play-Up request and Acknowledgement of Risk and Liability to the SAHA Board to:

Mike Kotas – vp@sahaonline.org
Interim Chair – Discipline and Dispute Resolution Committee