



VALLEY YOUTH HOCKEY

JERSEY WAIVER FORM

PLAYER NAME:

JERSEY NUMBER REQUESTED:

TEAM FOR UPCOMING SEASON:

PARENT NAME:

PARENT EMAIL:

I would like to request that my player be permitted to purchase a Valley Youth Hockey Association jersey (or set of jerseys) with his/her preferred number which has been typed in above.

While this number is not taken by someone else on my player's team this year, it is understood that if my player ends up on a roster in a future season with a player who has already been assigned the same jersey number, I will be responsible for either purchasing a new set of jerseys with a non-conflicting jersey number on it, or for having this number on the existing jersey changed.

I also understand that this waiver does not obligate Valley Hockey to assign the above jersey number.

PARENT SIGNATURE: _____ DATE: _____

Please forward an electronic copy of the signed form to Valley's Guardian of Jersey Numbers (vyha.numbers@gmail.com)

Please Check this box if you would like a copy of VYHA's completed form.

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-----Section below for VYHA use -----

PLAYER(S) NAME and BY/Team of players already assigned this number
