Minnesota Hockey
Multiple Player Waiver Form

DATE: ____/____/20___ **LEVEL OF PLAY:** _____

Refer to Section IV of the Minnesota Hockey Youth Rules and Regulations for waiver types and restrictions.

___ **School attendance waiver** **School** _____

One year waiver for _____ - _____ season only.

Reason for waiver request: _____

Conditions placed on waiver request: _____

_____

Initial to acknowledge conditions: Player/Parent _____ Receiving Assn _____ District Director _____

	Legal Name	DOB	Address	Parent Signature
1				
2				
3				
4				
4				
5				
6				
7				
8				

	Releasing Assn President	Receiving Assn President	District Director
Print			
Sign			
Date			
Assn			

[4 copies Needed]

Are any of the above listed players rostered on another team? _____

Please list players rostered on another team: _____

_____

_____

_____