



Organization: _____

Player Name: _____

USA Hockey Number: _____ Date of birth (MM/DD/YYYY): _____ Grade level _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

School player attends: _____

- If this is a private/parochial school, name of school district to which parent(s) pay taxes:

- Does the player's school have an ice hockey program? ___ Yes ___ No
- If Yes, did the player try out for placement in the above program? ___ Yes ___ No

If Yes, eligibility will only be accepted if released from the above program. This form must be validated by the school's Athletic Director

Any relevant information that will assist the board in making its decision

Decision _____

Approving Team Delegate: _____

Approved by President: _____ Date (MM/DD/YYYY): _____