

Salisbury Youth Hockey

Player Play-Up

Risk Acknowledgment and Liability Waiver

Print Name of Participant: _____ **Birth Date:** _____

USA Hockey Age Level: _____ **Desired Play-Up Level:** _____

I/We _____, parent(s) or legal guardian(s) 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 Salisbury Youth Hockey 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 approval and understand that nothing in USA Hockey's rules requires an association to allow any player(s) to play-up.

I understand that if my child is allowed to play-up to the next age division as defined by USA Hockey, that per Connecticut Hockey Conference Rules, he/she will not be allowed to play back down in his actual age division as defined by USA Hockey for the remainder of the season.

I understand that Salisbury Youth Hockey recommends that players stay in the age group 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 the Salisbury Youth Hockey, its officers, Connecticut Hockey Conference 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.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (print): _____