



# Blaine Youth Hockey Association

Blaine Youth Hockey Association - 9250 Lincoln St. NE - Blaine, MN 55434

## WAIVE-UP APPLICATION FOR ADVANCED LEVEL OF PLAY

### PLAYER INFORMATION

Last Name:	First Name:	M.I.:
Date of Birth:	Position:	
Scheduled Level:	Requested Level:	
Parent / Guardian:	Phone:	

Exceptional Player – Attach Supporting Documentation


Grade Level – Explain & Attach Supporting Documentation


Other – Explain & Attach Supporting Documentation


### RELEASE OF LIABILITY / ACKNOWLEDGMENT OF RISK / WAIVER

I/we understand and appreciate that participation or observation of the sport of ice hockey constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept and assume this risk and release Blaine Youth Hockey Association, its Board of Directors, its members, affiliates and sponsors from any liability therefore. I/we also acknowledge that once this has been signed and approved by the Board of Directors of Blaine Youth Hockey, the desired level of play will be the level that the player named above will participate for the above-mentioned season. Both parents / guardians (if applicable) must sign below.

Player signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### BOARD APPROVAL

Traveling Director: \_\_\_\_\_ Date \_\_\_\_\_