



# MINNESOTA HOCKEY, INC. INTERSTATE PLAYER RELEASE FORM

PLEASE PRINT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LEVEL OF PLAY \_\_\_\_\_

**To be filled out by Player or Player's Parents Guardian**

Player's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Is this player currently registered with Minnesota Hockey? \_\_\_\_\_

MN Hockey District \_\_\_\_\_ Previous team affiliation: \_\_\_\_\_

Playing Level: \_\_\_\_\_ Classification: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Player wishes to transfer to: Team Name: \_\_\_\_\_

USA Hockey Affiliate: \_\_\_\_\_

Reason for Request (Please include all pertinent details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By affixing my/our signatures below, we attest:

1. The player named herein is duly registered with USA Hockey and Minnesota Hockey and is currently in good standing with both organizations and their respective affiliates.
2. The player named herein is a resident of the state of Minnesota and, even though playing hockey in another state, has no plan to change this residency status within the next twelve (12) months.
3. The sole purpose for this request is to enable the player named herein to participate in the sport of ice hockey at the Tier I level. To the best of my/our knowledge, there are no age appropriate programs in Minnesota currently competing at this level for which the player may be an eligible participant.
4. In the event the player named herein does not qualify for a Tier I team, or in the event the player opts not to participate in a Tier I program, the player shall return to Minnesota to participate at the Tier II level (or lower) or, if remaining outside Minnesota, refrain from hockey participation in any other non-Tier I program for the next twelve (12) months.
5. We understand that this Release automatically expires at the end of the current season, which operates from September 1 through August 31 of the current calendar year. If the player wishes to continue participation in a Tier I hockey program outside of Minnesota beyond the season stipulated herein, while retaining Minnesota residency, a new application for Release must be submitted.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if player is under 18 years of age)

I have reviewed this form with those affixing their signatures and have found that all of the requirements defined in the Minnesota Hockey Interstate Player Transfer Protocol, as established by the Minnesota Hockey Board of Directors, have been met and do hereby approve this request.

Minnesota Hockey, Inc., By \_\_\_\_\_ its \_\_\_\_\_ Date: \_\_\_\_\_