# NORTH DAKOTA AMATEUR HOCKEY ASSN.

## INTERSTATE PLAYER RELEASE FORM

**PLEASE PRINT**

**DATE: _____/_____/_____** **LEVEL OF PLAY _____**

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

Player's Name: _____ D.O.B.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Is this player currently registered with NDAHA Hockey? _____

NDAHA Hockey Region _____ 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 NDAHA Amateur 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 NDAHA and, even though playing hockey with another USA Hockey Affiliate, 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, or due to a border community issue with no other NDAHA affiliate within a reasonable distance. To the best of my/our knowledge, there are no age appropriate programs in my/our NDAHA association 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 the border community team, or in the event the player opts not to participate in a Tier I program, the player shall return to NDAHA to participate at the Tier II level or, if remaining outside NDAHA, refrain from hockey participation in any other non-Tier I or Tier II 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 dates of USA Hockey National Tournaments of the current playing season. If the player wishes to continue participation in a Tier I hockey program outside of NDAHA, or if the player wishes to continue to participate in a border community program beyond the season stipulated herein, while retaining NDAHA 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 NDAHA Interstate Player Transfer Protocol, as established by the NDAHA Board of Directors, have been met and do hereby approve this request.

**North Dakota Amateur Hockey Assn., By Greg Evenson its President** _____ **Date:** _____
(signature)

**North Dakota Amateur Hockey Assn., By John Colter its Registrar** _____ **Date:** _____
(signature)