



SLED HOCKEY ROSTER WAIVER REQUEST



THIS IS A WRITABLE PDF FORM. PLEASE FILL IN ALL INFORMATION, SAVE AND EMAIL IT TO:
SLEDHOCKEYWAIVERS@USAHOCKEY.ORG

PLAYER INFORMATION

NAME: _____ AGE: _____

STREET ADDRESS: _____

CITY, STATE ZIP: _____

CURRENT TEAM / CLOSEST TEAM

YOUTH

ADULT

BOTH

TEAM NAME: _____

ADDRESS OF HOME RINK: _____

CITY, STATE ZIP: _____

TEAM REQUESTING TO PLAY WITH

YOUTH

ADULT

TEAM NAME: _____

ADDRESS OF HOME RINK: _____

CITY, STATE ZIP: _____

TYPE OF WAIVER REQUESTING (Please select all that apply)

SLED CLASSIC, PRESENTED BY THE NHL

DISABLED HOCKEY FESTIVAL

LEAGUE PLAY

LEAGUE NAME: _____

TOURNAMENT

TOURNAMENT NAME: _____

TOURNAMENT LOCATION: _____

TOURNAMENT DATES: _____

DUAL ROSTER

SUBMITTED BY

NAME: _____

EMAIL ADDRESS: _____

PLEASE DESCRIBE WHY THE WAIVER REQUEST SHOULD BE APPROVED:

YOU MAY SUBMIT ANY SUPPORTING DOCUMENTATION (I.E. LETTERS OF SUPPORT FROM LEAGUE OR TOURNAMENT). LETTERS FROM THE CLOSEST TEAM RELEASING YOU WILL BE STRONGLY CONSIDERED BY THE WAIVER COMMITTEE.

USA HOCKEY USE ONLY

DATE RECEIVED: _____

STATUS SENT: _____

APPROVED FOR:

SLED CLASSIC, PRESENTED BY THE NHL DISABLED HOCKEY FESTIVAL
LEAGUE PLAY TOURNAMENT DUAL ROSTER NONE