

THIS FORM IS VOID IF SIGNED PRIOR TO MAY 28, 2017



2017-18 SEASON WAHA TIER I PLAYER CARD

Player Information *(Print or Type)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ USA Hockey Age Classification: _____

Last Season's Team and Organization: _____

Birth Date: (MM/DD/YYYY) ____/____/____ USAH #: _____

IMPORTANT NOTE TO PLAYERS

You and your parents/guardians should be aware that the signing of this form **immediately** and **permanently** binds you to **this** Team for the **entire upcoming season** and you **may not play with any other team** with the exception of:

High School, Junior, Junior College, College or University teams

If you are relying on any representations not included on this form, those representations should be placed in writing and added to the reverse side or attached to this form.

Player's Signature: _____ Date: ____/____/2017

I have read **and understand** this Tier I Player Card, the WAHA Rules regarding Tier I Hockey and the WAHA By-Laws. **In addition, I have received and agree to the financial obligations of this Team for the upcoming season as identified in the Organization Fact Sheet.**

Signature of Parent (Guardian): _____ Date: ____/____/2017

CERTIFICATE OF TEAM REPRESENTATIVE

I hereby certify that as the authorized Team Representative I accept this player for the season and have explained to the player and his/her parents (guardian) all of their financial obligations and the fact that this form **immediately** and **permanently** binds him/her to this Team for the **entire 2017-18 season.**

Team Representative *(printed)*: _____

Team Representative Position: _____ Team Name: _____

Team Representative Signature: _____ Date: ____/____/2017