



WISCONSIN AMATEUR HOCKEY ASSOCIATION

CONSENT TO PLAYER TRANSFER

Consenting Association _____

Team & Age Level _____

Players Name _____ Date of Birth _____

Transfer to Association _____ Season _____

The Consenting Association hereby consents to release of the above-named player pursuant to WAHA rules.

Date _____

President of Consenting Association

FINANCIAL RELEASE

As Treasurer of _____ (Consenting Association), I verify, by my signature that the above named player and his/her parents/guardians are cleared of any financial obligation to the Consenting Association.

Date _____

Treasurer of Consenting Association

WAHA RECIEPT/APPROVAL

DATE _____

State Registrar

Please Mail or Email to:

Tom Hansen
413 S. Midvale Blvd.
Madison, WI 53711
tom.hansen@wahahockey.com