

**THIS FORM IS VOID IF SIGNED PRIOR TO MAY 29, 2016**



## 2016-17 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: \_\_\_\_/\_\_\_\_/2016

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: \_\_\_\_/\_\_\_\_/2016

### **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 2016-17 season.**

Team Representative *(printed)*: \_\_\_\_\_

Team Representative Position: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2016