NEW YORK STATE AMATEUR HOCKEY ASSOCIATION, INC. PLAYER/ASSOCIATION COMMITMENT FORM

INSTRUCTIONS FOR USE:

- 1.Player/Parent and Association must complete all parts of this form prior to participating with the association, with the exception of tryouts.
- 2.Both the Player/Parent and the Association shall keep signed copies.
- 3.After this form is signed by both the Player/Parent and Association, no movement to another association will be allowed until the conclusion of the appropriate State or National Tournaments unless there are extenuating circumstances. A request to be released after this form is signed by all parties and prior to the conclusion of the appropriate State or National Tournaments must be submitted to and approved by the appropriate Section President.

PART 1 – To be comple	eted by Player/Parent.	
Player's Name:		
Date of Birth:		
Home Address:		
Phone:		
I/we agree that the above name	ed player will be registered and participate on the	
the	(name of association) for the	season.
Signature of Player or F	Parent (If under 18 years of age) Date	
PART 2 – To be comple	eted by the Association's Team Coach.	
Ι,	, Coach, hereby agree	e that the
	Il be registered, and participate on my _	
	season.	
Coach's Signature	Date	
PART 3 – To be comple	eted by the Association President.	
On behalf of, and at the	direction of the Board of Directors of the	ne
	Association, I,	
	bove named player will be registered, a	
	team for theseason	
President's Signature	 Date	