

CAHA GIRLS Player Up Request

(This form is only required if a player is in their first year age classification and playing up to the next age classification)

Member Club:			Players Name:		
Players HT/WT:			Players DOB:		
Parent/Guardian:			Email:		
Parent/Guardian:			Email:		
Club Contact:			Email:		
Coaches Name:			Email:		
Club President Name:			Email:		
Requested Age Division	U10	U12	2 U14	U16	U19
Hockey Ability and Reason for Request					
Ability and years played	ł:	Rea	son for Request:		
Acknowledgements, Indemnification & Releases:					
 undersigned parent(s) or guardian(s) of the above player acknowledges and agrees to the following: Hockey is a contact sport and the age classifications are intended to ensure that the players play with those of similar ability and physical development. Parents' Initials: That the parent(s) or guardian(s) accept all responsibility of allowing the above named player to skate out of her age division. Parents' Initials: That the parent(s) or guardian(s) have reviewed the applicable CAHA rules and regulations regarding the subject of this request and agree and abide by those rules and regulations. Parents' Initials: That the parent(s) or guardian(s) agree to release from responsibility the member club, CAHA, USA Hockey and their directors, officers and other officials from any action or injury arising out of the player playing outside of her age division. Parents' Initials: Submission of this request does not guarantee approval by CAHA. Parents' Initials: 					
Par./Guard. Sign:			Date:		
Par./Guard. Sign:			Date:		
Coach Sign:			Date:		
Club Pres. Sign:			Date:		
CAHA Stipulations:					
Stipulations If Any:					
CAHA Approval: Youth Council Chair, Chris Hathaway christopher.hathaway@att.net					
2 th VP Sign:			Date:		