



CLINIC WAIVER FORM

INSTRUCTIONS: This form must be filled-out and signed by all players (and parents of players) who wish to participate in any private lessons, skill development or recreational clinic, league or other program sponsored by a rink or other ice hockey organization within the Atlantic Youth Hockey League.

I, _____, wish to
(Please print player's name)
participate in a skills clinic, spring/summer league or other on-ice program offered by _____.
(Please identify the name of the person/rink offering program)

I certify that:

(Please Check One Box)

I AM **NOT** CURRENTLY REGISTERED OR UNDER CONTRACT WITH ANY ICE HOCKEY CLUB OR TEAM IN THE ATLANTIC YOUTH HOCKEY LEAGUE.

I **AM** CURRENTLY REGISTERED OR UNDER CONTRACT WITH:

(Please identify your current club or team program)

PERMISSION FORM - FOR PROGRAM USE ONLY

I, _____, am an official of the above player's current club or team and I grant permission for this player to participate in this clinic or other on-ice program.

(Signature of Club President/Authorized Team Official) Dated: _____

IMPORTANT NOTICE:

I understand that if I am currently registered or under contract with an ice hockey club or team **OTHER** than the club or team that is sponsoring this on-ice clinic or program, I must obtain **WRITTEN** permission from my club or team **BEFORE** I participate in this program. I further understand that if I step on the ice with this program **before** I obtain written permission from my current club or team, I may be subject to a suspension.

(Player Signature)

Date Signed: _____

(Parent Signature)

Date Signed: _____