



NOTE: Any player transferring from any Association must have an Accepting Association named on this form before the form is approved by the releasing Association. Therefore, the only Association the released player may play for is the named Accepting Association. No applications to transfer will be considered before July 1st.

CONSENT TO PLAYER TRANSFER – TIER II

PLAYER NAME: _____ DATE OF BIRTH: _____

TEAM & AGE LEVEL: _____

RELEASING ASSN.: _____ **DATE:** _____

As the President of the Releasing Assn., I signify that our association consents to the release of the above named player, pursuant to WAHA Rules and Regulations.

PRESIDENT’S NAME: _____

PRESIDENT’S SIGNATURE: _____

FINANCIAL RELEASE FROM RELEASING ASSN.:

As the Treasurer of _____ (Releasing Assn.), I verify, by my signature that the above named player and his/her parents/legal guardians are clear of any financial obligations to the Releasing Assn..

TREASURER’S NAME: _____

TREASURER’S SIGNATURE: _____ **DATE:** _____

ACCEPTING ASSN: _____ **DATE:** _____

As the President of the Accepting Assn., I signify that our association accepts the above named player, pursuant to WAHA Rules and Regulations.

PRESIDENT’S NAME: _____

PRESIDENT’S SIGNATURE: _____

WAHA RECEIPT & APPROVAL

DATE: _____ STATE REGISTRAR: _____

This form must be mailed or sent electronically to:

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