

Wisconsin Amateur Hockey Association, Inc.



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