

Wisconsin Amateur Hockey Association, Inc.



**CONSENT TO PLAYER TRANSFER – TIER II**

PLAYER NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM & AGE LEVEL: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**WAHA RECEIPT & APPROVAL**

DATE: \_\_\_\_\_ STATE REGISTRAR: \_\_\_\_\_

This form must be mailed or sent electronically to: Tom Hansen  
413 S. Midvale Blvd.  
Madison, WI 53711  
tjhansen25@yahoo.com