

**CAROLINA AMATEUR HOCKEY ASSOCIATION
PLAY UP REQUEST & ACKNOWLEDGEMENT OF RISK AND LIABILITY**

Name of Participant: _____ Birth Date: _____

USA Hockey Age Classification: 14U (Bantam)

Other: _____

Desired Play Up Age Classification: 16U (Midget 16 & Under)

Consolidation Teams Only _____

I/We _____, parent(s) or legal guardian(s) of the above name participant request that he/she be permitted to play up in the next age classification as defined by USA Hockey. I have read and understand the Carolina Amateur Hockey Association Play-Up Policy and agree to all the terms, conditions and eligibility requirements that apply.

REASON FOR REQUEST

- I understand that requesting a play up does not guarantee approval and understand that nothing in USA Hockey or Carolina Amateur Hockey Association's (CAHA) rules requires an association to allow any player(s) to play up.
- I understand that requesting a play up does not guarantee the ability to make a team and understand that even if a player makes an older age classification team, the said association reserves the right to reverse that decision for any reason at any time.
- I understand that USA Hockey and CAHA recommends that players stay in the age classification defined by USA Hockey and stipulated in the USA Hockey Annual Guide as appropriate for their birth year. I understand and appreciate that in playing up, the risk of injury may be greater and that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules and personal discipline may reduce this risk, the risk of serious injury does exist.
- By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold USA Hockey, Inc., Carolina Amateur Hockey Association, Inc., local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents, employees., harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

I have read and understand the CAHA Play Up Policy and agree to comply with the terms and conditions contained therein:

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

LOCAL ASSOCIATION ACTION

Consolidation Team: ____ Yes ____ No If Yes, are the requirements contained in 19.7 or 19.8 fulfilled? ____ Yes ____ No

Non-Consolidation Teams: ____ Approved ____ Denied

I certify the Parent/Guardian has received a copy of the CAHA Play Up Policy. If this request is approved, I certify that an independent evaluation of the player's skills was conducted and the player ranks in the top 25% of the players on the **next** age classification team.

Association Representative Signature

Date