

Alaska State Hockey Player Release Form

Date _____

Player's Name _____

Player's DOB _____

Association/Team Name/Age Division/Tier Level (Leaving) _____

Association/Team Name/Age Division/Tier Level (Receiving) _____

Date release is authorized _____

By signing this form, the association acknowledges that the player listed above is eligible for the transfer by meeting all financial requirements with the association.

Authorized signature

Date

CC:

Registrar for receiving association

USA Hockey Associate Registrar for Alaska