



Instructions to Request a Release

1. Print the following page
2. Fill out Part One
3. Mail *with a self-addressed stamped envelope* to:
Jeff Cieszynski
35 Market Street
Scotia, NY 12302
4. Pursuant to NYSAHA rules, blank forms, requests sent by email or fax, or forms delivered to any other different person or address are not acceptable.
5. Every effort will be made to mail the release back within 10 days from receipt as is required. Make sure to allow sufficient time to receive your release.

**NEW YORK STATE AMATEUR HOCKEY
ASSOCIATION, INC.**

PLAYER RELEASE FORM

Revised 7/15/2004

INSTRUCTIONS FOR USE:

1. Player/Parent requesting release must have form filled out and submitted it to and approved by his/her current Association President prior to skating in tryouts, practices or games for new Association.
2. If Part 2 is **approved**, it must be presented at all tryouts and prior to committing to the new association.
3. If Part 2 is **disapproved**, player may not skate at tryouts of the new Association until the obligations, financial or otherwise are met or the appeal process has been undertaken.
4. If player/parent wish to appeal **disapproval** in Part 2, they may do so by forwarding the Player Release Form to their Section President along with letter of appeal.
5. If Section President upholds original Association's ruling, player/parent may then appeal to the NYSAHA Board of Directors thru the State President.

PART 1 – To be completed by requesting Player/Parent.

Date of Release Request: _____

Player's Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____

_____ Email: _____

PART 2 – To be completed by the Association President where the player is currently registered, or most recently registered. Part 2 **must be completed in a timely manner, not to exceed 10 days.**

On behalf of, and at the direction of the Board of Directors of the Schenectady Youth Hockey Association,

I, Jeff Cieszynski, President, do hereby **APPROVE/DISAPPROVE**

(circle choice) the above named player to tryout, register, and play with another Association. The named player **HAS/HAS NOT** (circle choice) met all obligations, financial or otherwise with our Association.

President's Signature

Date

Please complete PART 1 of this form and mail it to the address below. Pursuant to NYSAHA rules, blank forms, requests sent by email, or forms delivered to any other different person or address are not acceptable. To expedite receiving your response, please include a self-address, stamped envelope.

Jeff Cieszynski
35 Market Street
Scotia, NY 12302