

STATE ICE HOCKEY WAIVER FORM

This waiver form must be submitted to the CHSAA office no later than Monday, February 16, 2009 to request an exemption for an athlete who didn't compete in the fifteen game minimum season requirement. A separate form must be submitted for each athlete with support documentation.

1. _____
School

2. _____
Athlete's Name

3. _____
Coach's Name

4. Contact E-mail for coach _____

5. Is the athlete academically eligible: yes no

6. Game(s) the athlete competed in:

7. Game(s) that athlete missed with explanation (please include any additional paper work to support waiver request).

8. Athletes' Signature _____

Coach's Signature _____

Athletic Director's Signature _____

No waiver will be considered without all signatures

Deadline: Monday, February 16, 2009 – 1:00 pm. No waivers will be considered after the deadline.

FAX to: Rhonda Blanford-Green at 303-367-4101