



**WISCONSIN AMATEUR HOCKEY ASSOCIATION  
P.O. Box 1509  
Eagle River, WI 54521**

**TIER I (AAA) CONSENT TO PLAYER TRANSFER**

Consenting Association \_\_\_\_\_

Team & Age Level \_\_\_\_\_

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Transfer to Association \_\_\_\_\_ Season \_\_\_\_\_

The Consenting Association hereby consents to release of the above-named player pursuant to WAHA rules.

Date \_\_\_\_\_

\_\_\_\_\_  
President of Consenting Association

**FINANCIAL RELEASE**

As Treasurer of \_\_\_\_\_ (Consenting Association), I verify, by my signature that the above named player and his/her parents/guardians are cleared of any financial obligation to the Consenting Association.

Date \_\_\_\_\_

\_\_\_\_\_  
Treasurer of Consenting Association

**WAHA RECIEPT/APPROVAL**

DATE \_\_\_\_\_

\_\_\_\_\_  
WAHA Secretary/Registrar