# PLAYING UP FORM - APPROVAL & CONSENT FOR UNDERAGE PLAYER

Players aged under 18yrs who are registered in a lower grade and wish to play up in a higher grade

FORMS MUST BE RECEIVED BY IHNSW BY **12 NOON FRIDAY** FOR WEEKEND ELIGIBILITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SECTION 1 | PLAYER/MEMBER | | | |
| Name | | | | DOB |
| Current grade | | Higher grade request | | |
| I acknowledge that the current By-Laws of IHNSW have been adopted by the members of IHNSW out of concern for orderly play of the game of ice hockey and the safety, health and welfare of all participants. I acknowledge that by being younger than the nominal age specified by the IHNSW By-Laws, I may be exposed to an increased risk of injury or damage to my health. | | | | |
| Sign | | | | Date |
| SECTION 2 | PARENT/LEGAL GUARDIAN OF THE ABOVE | | | |
| Name | | | | |
| being the parent/ guardian of the above undersigned player acknowledge that there may be an increased risk of injury should my son/ daughter/ ward, who is registered in a lower age grade, ‘play up’ in the abovementioned higher age grade. This consideration notwithstanding, I believe the above undersigned is of a sufficient standard of fitness and skill to play in this grade and hereby give my consent for the above undersigned to play ice hockey in the nominated higher age grade. | | | | |
| Sign | | | | Date |
| SECTION 3 | TEAM COACH OF LOWER GRADE | | | |
| Name | | | Club & Grade | |
| the above undersigned player is a team member, acknowledge this player’s request and the possible risks involved in playing up in a higher age grade. I believe the above undersigned is of a sufficient standard of fitness and skill to play in this grade and I hereby give my approval for the above undersigned to play ice hockey in the nominated higher age grade. | | | | |
| Sign | | | | Date |
| SECTION 4 | TEAM COACH OF HIGHER GRADE | | | |
| Name | | | Club & Grade | |
| the above undersigned player is a prospective team member, acknowledge this player’s request and the possible risks involved in playing in a higher age grade. I believe the above undersigned is of a sufficient standard of fitness and skill to play in this grade, and I hereby give my approval for the above undersigned to play ice hockey in the nominated higher age grade. | | | | |
| Sign | | | | Date |
| SECTION 5 | ELECTED CLUB OFFICIAL/COMMITTEE MEMBER | | | |
| Name | | | Club & position | |
| which the above undersigned player is a registered member, acknowledge the possible risks involved and give the approval of the Club along with the player’s parents/ guardian, Team Coaches and Managers’, to play up in the nominated higher age grade. | | | | |
| Sign | | | | Date |

First year **PEE WEE to BANTAM** playing up and **BANTAM to MIDGET** playing up MUST be submitted to IHNSW for formal written approval at Executive meeting