Michigan Amateur Hockey Association

APPLICATION

NAME: _____

LAST **FIRST** **MIDDLE**

FORMER NAMES OR ALIAS: _____

DATE OF BIRTH: _____

MONTH **DAY** **YEAR**

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

LIST OTHER STATES IN WHICH YOU LIVED IN THE PAST TEN YEARS:

_____

AUTHORIZATION AND RELEASE OF LIABILITY

I CERTIFY THAT ALL INFORMATION GIVEN BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE MICHIGAN AMATEUR HOCKEY ASSOCIATION TO REQUEST AND OBTAIN FROM ANY GOVERNMENTAL ORGANIZATION A RECORD OF ANY CONVICTIONS AND/OR FELONIES, IF ANY, AND TO INVESTIGATE ALL INFORMATION REGARDING MY BACKGROUND IN CONSIDERATION OF THIS EVALUATION AND APPLICATION BY MICHIGAN AMATEUR HOCKEY ASSOCIATION. I HEREBY WAIVE, RELEASE AND DISCHARGE MICHIGAN AMATEUR HOCKEY ASSOCIATION AND ANY PERSONS OR ENTITIES FROM LIABILITY FOR ALL DAMAGES OF WHATEVER KIND OR NATURE, EXCEPT LIABILITY FOR WILLFUL OR INTENTIONAL ACTS THAT MAY RESULT FROM COMPLIANCE WITH THIS AUTHORIZATION.

SIGNATURE: _____ **DATE:** _____

DISTRICT: _____

ASSOCIATION: _____

TEAM: _____

USA HOCKEY