

# AUCKLAND ICE HOCKEY ASSOCIATION Inc



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Secretary: P O Box 15 318, New Lynn, Auckland

## Application for Junior Dispensation to “Play Up”

I/We request dispensation for \_\_\_\_\_ to play in  
the \_\_\_\_\_ age group competition during the 20\_\_\_\_ season.

We are aware playing in the higher grade allow more body contact by older  
players and believe he/she has the physical and mental skills to cope with  
these demands.

If dispensation is approved I/we understand he/she will also be required to  
play in his/her age grade for which he/she is eligible for (as outlined in the  
Junior League and Age Group Representative Teams Basic Operating Rules)  
and we have read, understand and signed the Waiver of Liability form which is  
part of this application.

Parent/Guardian Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

**POST To:**  
**AIHA**  
**PO Box 15 318**  
**New Lynn, Auckland**

**Approved / Not Approved (please circle)**

Signed On Behalf AIHA \_\_\_\_\_

Name / Position (Please Print) \_\_\_\_\_

Date \_\_\_\_\_