



KITCHENER MINOR HOCKEY ASSOCIATION

REQUEST FOR A RELEASE FROM KMHA - 2025

PLAYER NAME _____ Date of Birth ____/____/____

KMHA TEAM LAST PLAYED FOR _____ POSITION _____

CITY PLAYER LIVES IN _____

REASON FOR REQUEST _____

ASSOCIATION / DIVISION / LEVEL _____

GOING TO _____

DIVISION / LEVEL PLAYER IS LEAVING _____

(tryout team) _____

By signing the below I understand the following:

Kitchener residents who leave KMHA to play at a team of the equivalent or a lower level (of the KMHA team they would be playing on) of another association will only be allowed to return if they are in good standing in KMHA, and with permission of the Kitchener Lady Ranger executive, AND they will not be permitted to play on ANY 1st level team for their first year back without permission from the Kitchener Lady Ranger executive.

Non-Kitchener residents who leave the association are not permitted back to KMHA in the future.

REQUESTED BY (print) _____

REQUESTED BY (signature) _____

EMAIL TO SEND CONFIRMATION TO _____

DATE OF REQUEST _____

APPROVED BY (print) _____

APPROVED BY (signature) _____

Players will be released electronically. This can take up to 10 business days from the date of request. Confirmation of the release will be emailed to the email address provided above.

For KMHA use only: