



ENGLISH ICE HOCKEY ASSOCIATION
RECREATIONAL SECTION



WOMENS LICENCE HOLDER
PERMISSION FORM
(WLHP v1.0)

SEASON: / /

WOMANS TEAM: _____

PLAYERS NAME: _____ DOB: ____/____/____

I request permission to play for a Recreational Club, and I agree to be bound by the rules, regulations and by-laws of the IIHF, BUHA, EIHA Recreational Section and the club to which I am applying.

Applicants Signature: _____ DATE: ____/____/____

To be Completed by Womens Club Official

I as an Official of the above named Womens Team and acting with their authority I agree to the above named player taking part in games as part of the _____ Recreational Club, under the provisions that apply to holders of a Womens Licence. I Confirme that the above named player is over 18 years of age and is Registered and Insured under the EIHA scheme.

I understand that the players name will be added to the Recreational Teams players roster, and will rely upon the Insurance cover attached to Womens Licence No. _____

I agree that this application has been made at the players request, and that neither the Recreational Team or the Recreational Section accept any liability for any injuries or suspensions which may occur during EIHA sanctioned Recreational games.

Signature on behalf of the above club _____ Date: ____/____/____

Name Printed: _____

Position within the club: _____

To be completed by an official of the Recreational Club

RECREATIONAL CLUB: _____

I agree to the application and include a Player Registration Application form.

Signature on behalf of the Rec. club: _____ Date: ____/____/____

Name Printed: _____

Position within the club: _____