



LETTER OF PERMISSION: TRY OUT

THIS FORM IS INTENDED FOR PLAYERS WISHING TO TRY OUT FOR
JUNIOR AND/OR SENIOR TEAMS ONLY.

Player's Date of Birth: _____ / _____ / _____
Month Day Year

Player's Name: _____
Surname Given Name

Address: _____

Town/City: _____, AB P/C: _____

Phone #: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

The _____, hereby, grants permission for the above named
(Player's Resident MHA / Club Team)

player to attend a TRY-OUT hosted by _____.
(Club operating the try-out)

Date(s) of Try-out Camp: Start: _____ Finish: _____

Note: *It is understood by all parties that should the above named player be chosen as a member of the above designated team, the Team/Association having issued this TRY OUT permission, will issue a Release. It is further understood that should the player not be chosen as a member of the above designated team that they will return to the Team/Association issuing this permission.*

MHA / Club Team President Name: _____

MHA / Club Team President Signature: _____