



LETTER OF PERMISSION FORM

PLEASE NOTE: THIS IS NOT A RELEASE

TRY OUT CAMP

The _____ Minor Hockey Association

hereby grants permission to _____ (players name) to

TRY OUT for the _____ Hockey Club.

The players date of birth is _____ / _____ / _____
Day Month Year

Note: It is understood by all parties that should the above named player be chosen as a member of the above designated team, the Association having issued this TRY OUT permission, will issue an unconditional release as prescribed by and in a form approved by Hockey Alberta. It is further understood that should the player not be chosen as a member of the above designated team, that he will return to the Association issuing this permission.

PLAYER HOCKEY ID #: _____

Minor Hockey President: _____ Phone: _____ Fax: _____

Parent/Guardian: _____ Phone: _____ Fax: _____