



LETTER OF PERMISSION: CONDITIONING CAMP

**THIS FORM IS INTENDED FOR TRACKING PLAYERS ATTENDING SANCTIONED
CONDITIONING CAMPS ONLY. THIS FORM DOES NOT GIVE PERMISSION TO TRY OUT.**

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 Conditioning Camp hosted by _____.
(MHA / Club operating the camp)

Date(s) of Conditioning Camp: Start: _____ Finish: _____

**Note: It is understood by all parties that the above named player will return to the
Minor Hockey Association / Club Team issuing this Letter of Permission for the
current Hockey Season.**

MHA / Club Team President Name: _____

MHA / Club Team President Signature: _____