



## 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: \_\_\_\_\_