



## ***LETTER OF PERMISSION FORM***

**PLEASE NOTE: THIS IS NOT A RELEASE**

### **TRY OUT CAMP**

The \_\_\_\_\_ Minor Hockey Association

Provincially Categorized \_\_\_\_\_ hereby grants permission to

\_\_\_\_\_ (players name) to

**TRY OUT** for the \_\_\_\_\_ Hockey Team (Include

Division) of the \_\_\_\_\_ Minor Hockey Association

Provincially Categorized \_\_\_\_\_

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: \_\_\_\_\_