

THIS FORM IS INTENDED FOR TRACKING PLAYERS ATTENDING AND PARTICIPATING IN SANCTIONED CAMPS, TOURNAMENTS AND EVENTS. THIS FORM DOES NOT GIVE PERMISSION TO TRY OUT.

Player Information:
Name: DOB:/ Month
Address:
Town/City:
Current Club Team:
Parent/Guardian Name (if applicable):
Player or Guardian Signature:
Event Information:
Group Hosting Event:
Type of Event:
Dates: Start Finish
Location:
Sanction Number:
Permission:
Resident MHA / Club Team:
MHA / Club Team President Name:
We, hereby, grant permission for the above named player to attend and participate in the event outlined above. 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 before attempting to register with any other Team in this or a subsequent Season.
MHA / Club Team President Signature: