



## LETTER OF PERMISSION: TRY OUT

THIS FORM IS INTENDED FOR PLAYERS WISHING TO TRY OUT FOR  
JUNIOR AND/OR SENIOR TEAMS ONLY.

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 TRY-OUT hosted by \_\_\_\_\_.  
(Club operating the try-out)

Date(s) of Try-out Camp: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

**Note:** *It is understood by all parties that should the above named player be chosen as a member of the above designated team, the Team/Association having issued this TRY OUT permission, will issue a Release. It is further understood that should the player not be chosen as a member of the above designated team that they will return to the Team/Association issuing this permission.*

MHA / Club Team President Name: \_\_\_\_\_

MHA / Club Team President Signature: \_\_\_\_\_