



## AA HOCKEY NOTIFICATION OF TRY-OUT FORM

For Midget AA, Bantam AA and Pee wee AA only

This completed form must be presented to the Resident Recruitment Area team that the player is trying out for before she/he is eligible to participate in the try-out camp. It is understood by all parties that should the player be chosen as a member of the designated team, the AA Team will notify the League and the player's Resident LMHA. If the player does not make the AA Team, it is the player's responsibility to notify his/her Resident LMHA whether he/she is returning or will be contacting the League for an opportunity at an additional try out.

### PLAYER INFORMATION

Player Name: \_\_\_\_\_

Resident MHA: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Player's D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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

Email: \_\_\_\_\_

### TRY-OUT INFORMATION

Level of Hockey:     Midget AA         Bantam AA         Pee wee AA

Recruitment Area Team: \_\_\_\_\_  Selected         Cut  
*(Name of Team)*

### AUTHORIZATION SIGNATURES

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MHA President Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SECOND TRY-OUT INFORMATION

*This section is only to be filled out after a player has been released from his/her Resident AA Recruitment Area's Evaluation Camp and is seeking a second tryout in another AA Recruitment Area. All signatures must be in place for the second tryout to be considered.*

\_\_\_\_\_  
MHA President Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident AA Recruitment Area President Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Try-out AA Recruitment Area President Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
League President Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date