



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.

Second Try-Out Recruitment Area Name

Resident 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