Player Acceleration Application

***Please complete this form, attach letters of recommendation, a cheque in the amount of $250 and drop it off to the AMHA office in the Ron Ebbesen Arena, or save and email to: officeadmin@airdriehockey.com.***

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| --- |
| **Player Information** |
| **Name:** |  |
| **Date of Birth (yyyy/mm/dd):** |  | **Position Played:** |  |
| **Previous Year’s Team:** |  |
| **Previous Year’s Coach Name & Phone #:** |  |
| **Parent Information** |
| **Name, Phone # & Email:** |  |
| **Name, Phone # & Email:** |  |
| **Team Trying out for:** |
|  |
| **Justification as to why you are applying to Accelerate, be specific:** |
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**By signing below, you are acknowledging that you have read and fully understand the Acceleration Policy #8.12 as written.**

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 **Parent Signature(s) Players Signature**