



LETTER OF PERMISSION: TRY OUT

THIS FORM IS INTENDED FOR PLAYERS WISHING TO TRY OUT FOR AN ADVANCED AGE BRACKET WITHIN
BLACKFALDS MINOR HOCKEY ASSOCIATION.

Players Date of Birth: _____ / _____ / _____
Month Day Year

Players Name: _____ / _____
Surname Given Name

Requested Try-out level (Division): _____

Last Team/Division Played: _____

Address: _____

Town/City: _____, AB Postal Code: _____

Phone #: _____ Email: _____

Note: By signing below, the parent/guardian of the above mentioned player agrees to the Underage Players Trying Out for an Advanced Age Bracket process as described by Blackfalds Minor Hockey Association.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Blackfalds Minor Hockey Association has received this request for try-out and has approved the above mentioned player to attend try-outs with (Division): _____

Effective Hockey Season: _____ Try out dates: _____

BMHA President name: _____

BMHA President signature: _____

Date: _____ / _____ / _____
Month Day Year