



Athlete Exemption Form

Please fill out and email a copy to bronwen@ringettealberta.com

Athlete Information:

SURNAME: _____ FIRST NAME: _____

BIRTH DATE (DD/MM/YY): ____/____/____ TELEPHONE: (_____) _____

ADDRESS: _____
Apt/Street/Ave/P.O. Box/Route _____

Village/Town/City _____

Province _____

Postal Code _____

E-mail ADDRESS: _____

CURRENT TEAM (DIVISION/LEVEL/NAME): _____

Indicate the event(s) that this request applies to:

Reason for Exemption Request:

Medical (e.g. Acute illness, injury, surgery/critical treatment, acute episode of chronic condition)
• attach a Physician Note, and information regarding treatment/recovery timeline

Other: _____
• attach supporting documentation/explanation

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if Athlete is under 18 years of age)

To be completed by RINGETTE ALBERTA:

Based on that knowledge, the Ringette Alberta exemption criteria, and the belief that this request is consistent with those principles and rules, as well as other supporting information provided or attached to this form, we recommend that the athlete:

be granted an exemption from attending the events listed above and will be invited to the next tryout.
 not be granted an exemption from attending the designated camp above

Ringette Alberta Signature: _____ Date: _____

This information will be used for the purposes stated, by RINGETTE ALBERTA only.