



LETTER OF PERMISSION FORM

PLEASE NOTE: THIS IS NOT A RELEASE

TRY OUT CAMP

The **Edmonton Minor Hockey Association (Hockey Edmonton)**

Provincially Categorized _____ hereby grants permission to
_____ (Players name) to

TRY OUT for the _____ Hockey Team (Include
Division) of the _____ Minor Hockey Association

Provincially Categorized _____

The players date of birth is _____ / _____ / _____
Day Month Year

Note: It is understood by all parties that should the above named player be chosen as a member of the above designated team, the Association having issued this TRY OUT permission, will issue an unconditional release as prescribed by and in a form approved by Hockey Alberta. It is further understood that should the player not be chosen as a member of the above designated team that he will return to the Association issuing this permission.

PLAYER HOCKEY ID #: _____

EMHA Registrar: Nadine Shimizu _____

OR

Zone 8 Manager of Operations Betty Chmilar _____

Parent/Guardian: _____ Phone _____

Fax: _____ Email _____

Email completed form to edmontonzone8@yahoo.ca OR Fax to 780-440-6475