



**PERMISSION TO TRYOUT FORM**

**\*NOTE:**

- 1. All players who wish to tryout for a **U15 (Bantam)AA (T1) or U18 (Midget) AA (T1)** team, must complete this form and forward it, along with the tryout fee, to the District (OMAHA) prior to attending **any** tryouts.
- 2. Submission of this form plus the tryout fee must be done a minimum of one (1) week prior to the commencement of tryouts.
- 3. All players must be registered or are eligible to be registered with their Residential Home Association.**

**PLAYER INFORMATION:**

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Player's Residential Home Association: \_\_\_\_\_

Team rostered to in previous Season \_\_\_\_\_

Player's Hockey Position: \_\_\_\_\_

AA (T1) Team Requesting to Tryout for: \_\_\_\_\_

Date of Tryouts: \_\_\_\_\_

**Residential Minor Hockey Association Information:**

\_\_\_\_\_ is registered or is eligible to be registered as a player for the  
(Name of above player)

upcoming season with KELOWNA MINOR HOCKEY  
(Minor Hockey Association)

The above Minor Hockey Association deems it permissible that the player registers for tryouts with \_\_\_\_\_

U15AA CENTRAL ZONE  
(Name of Team and division). **It is also understood that if they are successful**

**in making the team, a Residential Waiver-Carded transfer request will be required at that time.**

MHA Authorized Signature: Sheena Parks

Printed Name: SHEENA PARKS

Position within MHA: REGISTRAR

Date: JUNE 6/23