



OTTAWA DISTRICT HOCKEY ASSOCIATION

1247 Kilborn Place, Suite D300, Ottawa, Ontario, K1H 6K9

Telephone: (613) 224-7686 Fax: (613) 224-6079

www.odha.com

JUNIOR TRYOUT PERMISSION

(This form is not to be considered a "Player Release".)

- 1 This form is to be utilized on behalf of the player listed below who wishes to attend an ODHA Junior team tryout camp.
- 2 Player must submit this completed form to the ODHA Junior team prior to being allowed to participate in any ON or OFF team ice activity.
- 3 This form may only be authorized for Tryout purposes and must be signed by a duly designated signing officer of the player's last Hockey Canada or USA Hockey registered team/association.
- 4 Falsification of this document may result in the suspension of the player and/or team official in accordance with Hockey Canada regulations F 22 and 23.

Player Information (PLEASE PRINT CLEARLY)

Address _____ City/Town _____ Province _____ Postal Code _____

PLAYER'S SURNAME GIVEN NAME

DATE OF BIRTH (d/m/yr)

(TEAM NAME)

(PLAYER'S NAME)

to tryout with

of

the _____

(Name of tryout team)

(Name of League and Division)

Team Permission

The _____ hereby grants permission for

(Team Official's Name)

(Team Official's Signature)

(Position)

(Phone #)

Please print name, position, telephone # of designated signing officer. _____

() _____

ODHA OFFICE USE ONLY

Submitted by (ODHA Junior Team) Date submitted

ODHA Branch Executive Director Date approved

Member

of

