

2020-2021 ALLIANCE - OMHA PLAYER TRYOUT PERMISSION FORM

USE OF FORM:

- 1. This form is to be utilized on behalf of all players wishing to attend "AAA Zone" tryout/training camps of hockey teams/associations within the ALLIANCE and OMHA.
- 2. Each player is required by Hockey Canada and Ontario Hockey Federation Regulations to present this form to the Appropriate Team Official and/or Head Coach of the team of which the player is trying out.
- 3. Teams/Associations/Clubs are not to allow players to participate without this signed form. Sanctions shall be applied where circumstances warrant.
- 4. This is not a "Player Release" or an "OHF AAA Waiver Form".
- 5. As per OHF Regulation G1 This form is invalid for participant use while the player's current registered team is participating in scheduled league/playdown or sanctioned Branch events.

PLAYER INFORMATION:	
Player's Name	
Players Address	
Player's AAA Zone	
Date of Birth	
Previous Season Team	
tryout for under this permission:	association/team is to specify which team the player has been authorized to
Team/Division:	
Hanlald	March 11, 2020
Authorizing Signature	Date
Paul Walsh	Chairman, Sarnia Hockey Association
Print Name	Print Title & Full Name of Association
Authorizing Signature AAA Zone	Date
Print Name	Print Title & Full Name of Association
Document", the appropriate related documenta	n the last year, or have changed your Home Centre through a "Right of Choice tation must accompany this form before participation in try-outs can take place

OTHER NOTES:

1. Minor Hockey Applicability - Minor Hockey players must meet player eligibility criteria as established by the HC, OHF and OHF Member Partners to be eligible to obtain the Tryout Form.

REGULATIONS,

2. Falsification of this form may result in one-year suspension of the player, as per HC and OHF Regulations.

	*This form is to be used by the ALLIANCE and OMHA only
Parent Signature	