



## LETTER OF PERMISSION FORM

PLEASE NOTE: THIS IS NOT A RELEASE

**\*Provincial Categorization Pilot**

### TRY OUT CAMP

The \_\_\_\_\_ Minor Hockey Association

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.

**\*Association Categorization for Player Movement: (\*Circle applicable)**

**\*Category Number of Registered Players in Association and consequent number to carry relative to Provincial Categorization Pilot**

AA	201-450	(Number to carry: 86 )
A	136-200	(Number to carry: 49)
B	101-135	(Number to carry: 32)
C	66-100	(Number to carry: 20)
D	65 and below	(Number to carry: 12)

**PLAYER HOCKEY ID #:** \_\_\_\_\_

Minor Hockey President: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_