



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 for the 2010-2011 season.
2. Player must submit this completed form to the Hawkesbury Hawks 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)

PLAYER'S SURNAME GIVEN NAME DATE OF BIRTH (d/m/yr)

Address City/Town Province Postal Code

Team Permission

The _____ hereby grants permission for _____
(TEAM NAME) (PLAYER'S NAME)

to **tryout** with _____ of the _____
(Name of tryout team) (Name of League and Division)

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

(Team Official's Name) (Team Official's Signature) (Position) (Phone #)

Submitted by (Team Official's Name) Date submitted

ODHA OFFICE USE ONLY

ODHA Branch Executive Director Date approved

Member of

