



PERMISSION TO TRYOUT FORM

***NOTE:**

1. All players who wish to tryout for a **U15 (Bantam) A Female** 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 pre-registered with their Residential Home Association.**

PLAYER INFORMATION:

Player Name: _____ Birth Date: _____

Phone: _____ Email: _____

Address: _____ City: _____

Player's Residential Home Association: _____

Player's Hockey Position: _____

U15 Female A Team Requesting to Tryout for: _____

Date of Tryouts: _____

Residential Minor Hockey Association Information:

_____ is registered/pre-registered as a player for the upcoming
(Name of above player)

season with _____.
(Minor Hockey Association)

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

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

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

MHA Authorized Signature: _____

Printed Name: _____

Position within MHA: _____

Date: _____