



# PLAYER TRYOUT AND RELEASE FORM

## Part I – Try Out Form [Completed by parent or player, given to coach before going on ice].

Player's Surname: \_\_\_\_\_ Given: \_\_\_\_\_

Birth Date: (M/D/Y) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Association: \_\_\_\_\_ Player ORA Number: \_\_\_\_\_

Attending tryouts with: \_\_\_\_\_ Team (Division/Level): \_\_\_\_\_

The following parties acknowledge this player would like to try out for another association for the upcoming playing season and accept the possibility that this may result in their release. **NOTE: Signing Part I of this form does not guarantee the release of this player.**

	Printed Name	Signature
Parent/Player		
Home Association President or Designate (specify):		

## Part II – Player Release Form. Completed copies of this form must be received by the Membership Services Co-ordinator of the Releasing Region by November 15th, unless the region establishes an earlier date .

Reason for release request:

Level of Play/Age Group not available in home association

Age Division:  N  P  T  J  B

Level of Play Requested:  C  B  A  AA  Provincial

Other: [Indicate the reason here] \_\_\_\_\_

The following parties support this \_\_\_\_\_ consecutive release of this player for this the upcoming playing season.

	Assoc.	Printed Name	Signature	Date
Parent/Player				
Releasing Association President				
Releasing Region M.S. Co-ordinator				
Receiving President				
Receiving Region M.S. Co-ordinator				