



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				