



# PLAYER TRYOUT NOTIFICATION 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: \_\_\_\_\_ Player ORA Number: \_\_\_\_\_  
 Home Association: \_\_\_\_\_ Current Association (if applicable) \_\_\_\_\_  
 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	Date
Parent/Player			
Home Association President or Designate (specify):			
Current Association President (If applicable):			

## PLAYER RELEASE FORM

### 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:  U10       U12       U14       U16       U19  
 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 Association President				
Receiving Region M.S. Co-ordinator				