



AA HOCKEY NOTIFICATION OF TRY-OUT FORM

For U18 AA, U15 AA, U13 AA and the U16 AA Pilot Project only

This completed form must be presented to the Resident Recruitment Area team that the player is trying out for before he/she is eligible to participate in the try-out camp. It is understood by all parties that should the player be chosen as a member of the designated team, the AA Team will notify the League and the player's Resident LMHA. If the player does not make the AA Team, it is the player's responsibility to notify his/her Resident LMHA whether he/she is returning or will be contacting the League for an opportunity at an additional try out.

PLAYER INFORMATION

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) Legal Land Description: _____

Address: _____ Town/City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Resident MHA: _____ Respect in Sport Certificate Number: _____

Respect in Sport Expiry Date: _____

TRY-OUT INFORMATION

Level of Hockey: U18 AA U15 AA U13 AA *U16 AA

Position: Forward Defence Goaltender

Recruitment Area Team: _____ Selected Cut
(Name of Team)

AUTHORIZATION SIGNATURES

Parent Name _____ Signature _____ Date _____

MHA President Name _____ Signature _____ Date _____

***U16 AA – Only available to players who fall within the Recruitment Areas of the U16 AA teams participating in the South Central Alberta Hockey League / Hockey Calgary Pilot Project. Second tryouts at this category will not be granted.**

SECOND TRY-OUT INFORMATION

This section is only to be filled out after a player has been released from his/her Resident AA Recruitment Area's Evaluation Camp and is seeking a second tryout in another AA Recruitment Area. All signatures must be in place for the second tryout to be considered.

Second Try-Out Recruitment Area Name _____

Resident MHA President Name _____ Signature _____ Date _____

Resident AA Recruitment Area President Name _____ Signature _____ Date _____

Second Try-out AA Recruitment Area President Name _____ Signature _____ Date _____

League President Name _____ Signature _____ Date _____