



ELITE FEMALE NOTIFICATION OF TRY-OUT FORM

For U18 AAA, U18 AA and U15 AA only

This completed form must be presented to each team that the player is trying out for before she/he 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 Elite Team will notify the League and the player's Resident LMHA. If the player does not make the Elite Team, it is the player's responsibility to notify his/her Resident LMHA whether or not he/she is returning or wishing to access an additional try out.

PLAYER INFORMATION

Player Name: _____ Date of Birth: _____ / _____ / _____
mm dd yyyy

Resident MHA: _____

Address: _____ Legal Land Description: _____

Town/City: _____, AB Postal Code: _____

Phone #: _____ Email: _____

Respect in Sport Certificate #: _____ Expiry Date: _____

TRY-OUT INFORMATION

Level of Hockey: U18 AAA U18 AA U15 AA

First Try-Out: _____ Selected Cut
(Name of Team)

Second Try-Out: _____ Selected Cut
(Name of Team)

AUTHORIZATION SIGNATURES

Parent Name

Signature

Date

MHA President Name

Signature

Date