



HOCKEY EASTERN ONTARIO

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JUNIOR TRYOUT PERMISSION

(This form is not to be considered a "Player Release".)

1. This form is to be utilized on behalf of the player listed below who wishes to attend a Junior tryout camp for the 2020-2021 season.
2. Player must submit completed form to the Hockey Eastern Ontario (HEO) Junior team prior to being permitted to participate in any ON or OFF ice team activity.
3. This form may only be authorized for Tryout purposes and must be signed by a duly designated signing officer of the player's last Hockey Canada or USA Hockey registered team/association.
4. Falsification of this document may result in the suspension of the player and/or team official in accordance with Hockey Canada Regulations F 22 and 23.

NAME OF EVALUATION/TRYOUT CAMP: _____

DATE OF EVENT: _____ 20__ LOCATION: _____

Player Information (PLEASE PRINT CLEARLY)

PLAYER'S SURNAME	GIVEN NAME	DATE OF BIRTH (d/m/yr)	
Address	City/Town	Province	Postal Code

Team Permission

The _____ hereby grants permission for _____
(TEAM NAME) (PLAYER'S NAME)

to **tryout** with _____ of the _____
(Name of tryout team) (Name of League and Division)

Please print name, position, telephone # of designated signing officer.

_____	_____	_____	(____)
(Team Official's Name)	(Team Official's Signature)	(Position)	(Phone #)

Submitted by (HEO Junior Team)	Date submitted
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HEO OFFICE USE ONLY

HEO Branch Executive Director	Date approved
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Member of

