



## ***ELITE MALE WAIVER FORM***

*For U18 AAA, U16 AAA and U15 AAA only*

This form must be completed in full in order for a player to arrange a second (or third) tryout with another Elite Male Team. If accepted on a second (or third) tryout, it will be the responsibility of the accepting team host MHA to submit for approval of the second (or third) tryout with Hockey Alberta. Only once approved by Hockey Alberta, will a player be able to participate in the second (or third) tryout.

### **PLAYER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Legal Land Description: \_\_\_\_\_  
Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Respect in Sport Certificate #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Resident MHA: \_\_\_\_\_

### **TRYOUT INFORMATION**

Level of Hockey:       U18 AAA       U16 AAA       U15 AAA  
Tryout:       First Tryout       Second Tryout

### **DECLARATION**

Date: \_\_\_\_\_  
The \_\_\_\_\_ of the \_\_\_\_\_  
*(Club/Team)* *(Minor Hockey Association)*  
hereby waive \_\_\_\_\_ for the \_\_\_\_\_ hockey season.  
*(Name of Player)* *(Year)*

### **AUTHORIZATION SIGNATURES**

_____	_____	_____
<i>Parent Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Team Coach/Manger Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>MHA President Name</i>	<i>Signature</i>	<i>Date</i>