



TISDALE MINOR HOCKEY ASSOCIATION

tisdaleminorhockey@gmail.com

PLAYER RELEASE APPLICATION

PLEASE PRINT ----- Please allow minimum 24 hours' notice for return of form

Name of Player: _____ DOB: _____

Address: _____

Current Hockey Division: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

Email: _____ (please print clearly)

Have you attended a recent AA tryout camp? _____ YES _____ NO

Date of application: _____

Parent/Guardian (print): _____ Signature: _____

Email completed form for final signature to: tisdaleminorhockey@gmail.com

Release authorized by:

TMHA President or VP: _____ (print) Signature: _____

(only one signature required)

Please note:

It is recommended that parents keep a copy of this for their records before passing it on.