

PLAYER TRY OUT/RELEASE FORM

A completed Application for Player Release must be received by the Releasing Region no later than November 15th.

Part I – Try Out Form [Completed by parent or player, given to coach before going on ice].
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Player's Surname: _____, Given: _____

Birth Date: (Month/Day/Year) _____ Home Phone: (____) _____

Currently Registered with: _____
Home Association Signature

NOTE: Signing this Part I does not guarantee the release of this player

I advised [who?] _____ of my Home association that I am trying out for the [assoc./age div./level] _____ on [date] _____.

I have have not been previously released to this association. If I am selected for and agree to join this team, I accept my being released to this association.

Player/Parent/Guardian Signature: _____

Part II – Player Release [Completed by coach, given to receiving association's Registrar].
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- Level of Play/Age Group not available
 Age Division Requested: R N P T J B D
 Level of Play Requested: C B A AA

Other: [Indicate the reason here] _____

Part III – Approval of Player Release

We support the Release of _____, O.R.A. # _____

This is his/her _____ consecutive release to the receiving association. We verify that this conforms with O.R.A. policies.

Association/Region	Signature	Date
Receiving Region		
Receiving Association		
Releasing Association		
Releasing Region		
Parent/Player		

White Copy – Receiving Region Yellow Copy – Receiving Association Pink Copy – Releasing Association