



# AAA PERMISSION TO SKATE (PTS): U14 – U16 2022-23 SEASON

25 Brodie Drive, Unit 3, Richmond Hill, Ontario L4B 3K7

For use by Associations whose members (U14 – U16) are part of one of the following AAA Associations or AAA Zones:

**BARRIE ZONE, CENTRAL ONTARIO ZONE, CLARINGTON ZONE, GREATER KINGSTON ZONE, OSHAWA, PETERBOROUGH ZONE, QUINTE ZONE, WHITBY, YORK SIMCOE ZONE, BURLINGTON, GREY-BRUCE ZONE, GUELPH ZONE (WITH THE EXCEPTION OF CENTRE WELLINGTON OR WOOLWICH), HALTON ZONE, NIAGARA NORTH ZONE, NORTH CENTRAL ZONE OR SOUTHERN TIER ZONE.**

### USE OF FORM:

1. This form is to be utilized on behalf of all OMHA players wishing to attend “AAA Zone” tryout/training camps of hockey teams/associations within the OMHA and ALLIANCE.
2. Each player is required by Hockey Canada and Ontario Hockey Federation Regulations to present this form to the appropriate Team Official and/or Head Coach of the team of which the player is trying out.
3. Teams/Associations/Clubs are not to allow players to participate without this signed form. Sanctions shall be applied where circumstances warrant.
4. **This is neither a “Player Release” nor an “OHF AAA Waiver Form”.**
5. This form is invalid for participant use while the player’s current registered team is participating in scheduled league/Playdown or sanctioned Branch events.

### PLAYER INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Resident Since: \_\_\_\_\_

Home Association: \_\_\_\_\_ Home AAA Zone: \_\_\_\_\_

Previous Season Team: \_\_\_\_\_

The signing officer of the Player’s Home Association verifies that the above noted Player has been authorized to try out for:

**Any OMHA AAA Team in the Player’s Age Division** Division: \_\_\_\_\_

The authorized signing officer of the player’s previous season association/team/club must endorse completed copies of this form subject to the player having no outstanding obligations to the association/team/club. The issuer(s) of these forms should keep a record of the forms that they issue.

\_\_\_\_\_  
Authorizing Signature Date

\_\_\_\_\_  
Print Name Print Title & Full Name of Association

\_\_\_\_\_  
Authorizing Signature AAA Zone Date

\_\_\_\_\_  
Print Name Print Title & Full Name of Association

- If you have moved within the last year, or have changed your Home Association through a “Right of Choice Document”, the appropriate related documentation must accompany this form before participation in try outs can take place.
- Sanctions for not using this form will be applied as per the OHF Member, OHF and HC Regulations.

### Other Notes:

1. Minor Hockey Applicability - Minor Hockey players must meet player eligibility criteria as established by the HC, OHF and OHF Member Partners to be eligible to obtain the Tryout Form.
2. Falsification of this form may result in one-year suspension of the player, as per HC and OHF Regulations.

\_\_\_\_\_  
Parent Signature

This form is to be used by the OMHA only.