



SLMHA

SYLVAN LAKE MINOR HOCKEY ASSOCIATION

Special Event Permission Form

THIS FORM IS INTENDED FOR TRACKING PLAYERS ATTENDING AND PARTICIPATING IN UNSANCTIONED EVENTS. THIS FORM DOES NOT GIVE PERMISSION TO TRYOUT. SHOULD BE COMPLETED 10 BUSINESS DAYS IN ADVANCE OF EVENT.

DIVISION (LTP, U7, U9, U11, U13, U15, U18): _____

Team Name: _____

Manager/Head Coach: _____

Manager/Head Coach Signature: _____

EVENT INFO

Group Hosting Event: _____

Type of Event: _____

DATE

Start: _____ End: _____

Location: _____

PERMISSION: We, hereby, grant permission for the above-named team to attend and participate in the event outlined above. It is understood by all parties that the above-named team will follow SLMHA Code of Conduct, and SLMHA By-Laws. The above-named team will also assume all risk and liability during the event.

SLMHA Division Director Name: _____

SLMHA Division Director Signature: _____