



## Acknowledgement for District AA Team Tryouts

Association: \_\_\_\_\_

Player Name: \_\_\_\_\_ (please print)

Player HCR #: \_\_\_\_\_ Position: \_\_\_\_\_

Player Age Division: \_\_\_\_\_

Parent Name: \_\_\_\_\_ (please print)

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

We acknowledge that \_\_\_\_\_ (player name) has registered with \_\_\_\_\_ Association and is in good standing. By signing this acknowledgement form we understand that the player noted above will be attending the EK Zone tryouts, and should the player not make the team will be required to return to the home association.

President's Name: \_\_\_\_\_ (please print)

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_