



Corunna Minor Athletic Association

Permission to Practice/Tryout with Another Centre

Player Information

Player's Name: \_\_\_\_\_

Contact Phone N°: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Division & Team played last season: (eg Bantam - REP) \_\_\_\_\_

Signature of Player: \_\_\_\_\_

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

Centre & Division Trying Out: (eg SMAA – Bantam) \_\_\_\_\_

If player is under 18 years of age, parent/guardian must sign below.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone N° if different than above: \_\_\_\_\_

Present this form to the President of your Local Association.

**Corunna Minor Athletic Association Approves Tryout For** \_\_\_\_\_

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

\_\_\_\_\_  
Rick Leonard  
President, CMAA