Spring Lake Park Youth Hockey Association

Application for Excused Absence from Tryouts

Date_____

Players Name: _____

Parents Name: _____

Address: _____

Phone: _____Email:_____

Players Level of Play this Hockey Season (Ex: bantam, U12, etc.)_____

Players Level of Play and Team last Hockey Season (Ex: Bantam - B1, U12 - A, etc.)_____

Please list any off season training player participated in since last Hockey Season that you would like the Board to consider.

Reason for Absence: **(Injury and Illness Require a Doctor's Note, which includes the expected date the player may return to play) Describe reason in detail and sign document below:**

Printed Name: **_____**

Signed: _____

Relationship to Player: _____

This application must be delivered to a Traveling Director prior to the start of tryouts or if an injury occurs during tryouts before the next tryout session.