

Port Hope Minor Hockey Association Date:
Player Acceptance / Release – Evaluation Form

Player Name: _____

LEVEL: _____
(ie... Novice)

TEAM: _____
(ie. OMHA BB, OWHA C)

Coaches please check beside Option **A or B or C**...

A Congratulations you have been selected to the above team. Please report to the next scheduled practice/tryout, as per coach's request.

Date: _____

B Thank-you for trying out and your hard work. At this time you have been Released to the Team below.

Team: _____

C Thank-you for trying out and your hard work. Please report to the following team and time for further evaluation.

Team/Date/Time: _____

Coaches' Signature: _____

Coaches' Comments _____

Thank you for trying out for a Port Hope Minor Hockey Representative team.
Please understand that team rosters are not finalized until December 1 of each year.
Changes to rosters can happen due to player development, disciplinary reasons, injuries etc.
Have a GREAT year!