



# ALLIANCE HOCKEY

**Hockey Canada Try-out Application For Commuter US Players to Alliance Programs**  
**Please note that this form must be submitted and approved prior to Try-outs**

Players who live close to the US / Canada border may be permitted to tryout via completion and approval of this form, without moving to Canada, if they provide satisfactory proof to the Branch that they do not have a similar hockey opportunity that exists in their home area. If approval is not granted to try-out, U.S. participants can only transfer to Hockey Canada upon appealing successfully to Hockey Canada's National Appeals Committee (NAC). Questions regarding the appeal process should be directed to Kimberley Smith at [ksmith@hockeycanada.ca](mailto:ksmith@hockeycanada.ca)

### **Personal Info**

Name (last name first) \_\_\_\_\_  
Date of Birth (dd-mm-yy) \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Previous Team \_\_\_\_\_  
Association \_\_\_\_\_

Permanent Residence Address \_\_\_\_\_  
(Please be specific, ie, road, concession, rural route etc.,) \_\_\_\_\_

### **Distance Information**

Distance from Residence to Nearest USA AAA Centre  Miles

**Name and Address of USA AAA Center**

Distance from Residence to Nearest Canadian AAA Centre  Miles

**Name and Address of Canadian AAA Centre:**

### **USA Hockey**

Distance from Residence to USAH member program  Miles

Signature USAH/District Registrar

### **Declaration**

The undersigned hereby declare that all above information is true and correct. We are aware of rules and regulations regarding eligibility for minor hockey programs in the ALLIANCE, OHF and HC and are aware that these are available upon our request. We also recognize that the falsification of any registration document will result in the suspension of the above player and of any team officials involved.

Players Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Outgoing Team \_\_\_\_\_ League/Branch \_\_\_\_\_

Incoming Team \_\_\_\_\_ League/Branch \_\_\_\_\_

Incoming Team Signature \_\_\_\_\_ Date \_\_\_\_\_

Federation Use Only  
Branch/Member Partner \_\_\_\_\_ Date \_\_\_\_\_  
Hockey Canada Approval \_\_\_\_\_ Date \_\_\_\_\_