



PLAYER PICK-UP CONSENT FORM



*This form is **NOT** for use for Tournament pick-up players*

To authorize a Pick-Up player for OWHA Tournament play, please use the OWHA Pick-Up Consent Form – Sanctioned Tournaments

This is to certify that _____, is an OWHA
Name of Player
registered member of _____, _____
Name of Team OWHA Team Number
_____, and is eligible and permitted to participate
Division & Category of Team

in the:

LEAGUE GAME

Game Date(s): _____

Game Type: Regular Season Playoff _____

Team playing for: _____
Team Name OWHA Team # OWHA Division & Category:

versus

Opposition: _____
Team Name OWHA Team # OWHA Division & Category:

EXHIBITION GAME

Game Date(s): _____

Team playing for: _____
Team Name OWHA Team # OWHA Division & Category:

versus

Opposition: _____
Team Name OWHA Team # OWHA Division & Category:

Important: It is the responsibility of all those signing this form to ensure the Constitution, By-laws, Rules & Regulations of the OWHA and other parties involved are clearly understood and followed.

Name (printed) of Team Official Position Signature of Team Official

Email Telephone Date

Please forward a copy of this completed form prior to above named player's participation to:

Name Position Organization

Telephone Fax Email