



# Ayr Minor Hockey Association

P.O. Box 1050  
Ayr, Ontario  
N0B 1E0

## Child Release Form

Team: \_\_\_\_\_

Player: \_\_\_\_\_

Player's Address: \_\_\_\_\_

Player's Phone: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Addresses (if different from player's)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Guardian: \_\_\_\_\_

Phone Numbers:

Mother:  
Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Father:  
Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Guardian:  
Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Continues on back

Names of Persons that are allowed to pick up this player from Ayr Minor Hockey Association activities:

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Persons to contact in case of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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