



PLAYER PICK-UP CONSENT FORM



This form is for ALL WOGHL GAMES

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

Playoff Game(s)

Game Date(s): _____

Game Type: Playoff _____

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

Reason for Pick-up:

NOTE: A player under suspension is **NOT eligible** for pick-up

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

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

Email Date Date

Please forward a copy of this completed form prior to game(s) to WOGHL President for approval: president@woghl.com

Name Position Organization Email

Playoff Game(s)

Game Date(s): _____

Approved: President Signature _____

Date: _____

IMPORTANT:
▪ A player under suspension is **NOT eligible** for pick-up.
▪ A suspended player may **NOT** be replaced by a pick-up player.