



PLAYER PICK-UP CONSENT FORM



This form is for WOGHL Playoffs

This is to certify that _____, is a WOGHL
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 and other parties involved are clearly understood and followed.

_____	_____	_____
<small>Name (printed) of Team Official</small>	<small>Position</small>	<small>Signature of Team Official</small>
_____	_____	_____
<small>Email</small>	<small>Date</small>	<small>Date</small>

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

_____	_____	_____	_____
<small>Name</small>	<small>Position</small>	<small>Organization</small>	<small>Email</small>

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.