



2010-2011 Tryout Registration Form

Name: _____ Date of Birth: ____/____/____
Address: _____ Phone: _____
City: _____ Zip: _____ E-mail: _____

What Organization did you play Ice Hockey with last year: _____
Level (tier) of Team: _____ Age Group: _____ Position: _____

(If applicable, please include a player release form)

ANY INJURY, ILLNESS, RELOCATION ETC. DOES NOT RELEASE A PLAYER OR FAMILY FROM THEIR FINANCIAL OBLIGATIONS TO THEIR ORGANIZATION.

WHAT TEAM YOU ARE TRYING OUT FOR (please check only one):

19U [] 16U [] 14U [] 12U [] 10U []

I/WE, THE PARENT(S)/GUARDIAN(S) OF THE ABOVE NAMED CHILD, HEREBY GIVE MY/OUR CONSENT FOR THE PARTICIPATION IN THE ACTIVITY IDENTIFIED ABOVE AND DO NOT CLAIM THAT HE/SHE IS IN PERFECT PHYSICAL CONDITION TO PARTICIPATE IN SAID ACTIVITY. FURTHERMORE, I/WE, THE PARENT(S)/GUARDIAN(S) OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A LEAGUE TEAM HEREBY GIVES MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL LEAGUE ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES; AND I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LADY ISLANDERS ORGANIZATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, BOARD OF DIRECTORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR DAUGHTER TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO MY/OUR DAUGHTER OR MYSELF, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

Parent's Signature (Required) _____ Date: _____

Payment: \$90.00 Cash [] Check [] Credit Card []

Name on Card: _____ Card Type: _____
Card Number: _____ Exp. Date: ____/____
Card Holder Signature: _____ Security Code: _____

(ALL APPLICANTS NOT REGISTERED WITH USA HOCKEY WILL BE REQUIRED TO PAY A \$30.00 FEE FOR USA HOCKEY REGISTRATION.)