

BREWSTER ICE ARENA TRAVEL HOCKEY TRYOUT REGISTRATION

Brewster Lady Bulldogs

Trying out for the following:

____ 10U ____ 12U ____ 14U ____ 16U ____ 19U

Players Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-MAILS: _____

Current Team: _____ Release: ___ Y ___ N

Level: _____ Position: _____

Parents Names: _____

Parents/Guardian

Signature: _____

By signing this form, the above mentioned shall hold harmless the Brewster Ice Arena, Southeast Sports Complex, LLC, Brewster Lady Bulldogs their officers and/or employees against any liability or claims arising due to injury or damage from participation. Under New York State Law, a skater assumes the inherent risks of participating. If you are not willing to assume these risks then participation is prohibited.

Office Use Only: _____