



2009 – 2010 Tryout Registration Form

Team Player Is Trying Out With: _____

Player Name: _____ DOB: _____

Parents Names: _____

Parents Names: _____

Address: _____

City: _____ Zip Code: _____

Phone Numbers: _____

Email Address: _____

Parental Authorization

I, the parent/guardian of the above-named registrant, hereby give my approval for his/her participation in any and all Rochester **RedWings** Hockey Program activities. I assume all risks, hazards, and expenses incidental to such participation including transportation to and from the activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless Rochester **RedWings** Hockey Program, Its directors, league officers, supervisors, participants, and persons transporting my son/daughter to or from activities from any claim arising out of injury to my son/daughter whether the result of any cause.

Parent Sign: _____ Date: _____

Player Sign: _____ Date: _____

Tryout Fee: \$45.00

Make checks payable to: Rochester **RedWings** Hockey Program.

Do Not Mail Any Player Information

Bring Player Registration Form, Tryout Fee and **Original Release** Forms
To the Selected Teams First Tryout