EASTERN HOCKEY FEDERATION

Boston Jr. Terriers

TRYOUT FORM 2008 - 2009 SEASON

SECTION ONE

Name (Print)_____
Last First MI

Address_____ Date of Birth_____

Town/City_____ State_____ Zip Code_____

Home Phone(_____)_____Cell Phone(_____)_____

Email:(all caps)_____

Current Team_____

***I am trying out for this position*: Foward _____Defense_____ Either F /D_____Goalie_____**

I am trying our for this level:* *(circle one)

2001 AAA **Bill Kenney**	**2000 AAA** **Chris Luca**	**1999 AAA** **Joe Nagle**	**1998 AAA** **Paul Colantuoni**
1998 AA **Paul Cokinos**	**1997 AAA** **Mark Peterson**	**1997 AA** **Dean Mariani**	**1996 AAA** **Dave Brooks**
1996 AA **Coach tbd**	**1995 AAA** **Mike Yanovitch**	**1995 AA** **Coach tbd**	**1994** **Tom O'Hear**
Girls U 16 **Dan McClean**	**Girls U19** **John Delaney**	**Midgets Sr** **Bradley/Condon**	**Midgets Jr** **Gaudette**

Bottom section to be filled out by cashier.....Bring signed form, with Section One filled out, to cashier.

SECTION TWO

Pinnie Color_____ **Pinnie #**_____

AMOUNT DUE $65.00

Cash_____Check # _____ Credit Card #_____

Injury Waiver

In consideration of his/her being permitted to participate in this ice hockey program, the undersigned hereby releases the Eastern Hockey Federation, the Canton Sportsplex and the above mentioned program of the E.H.F.. and their officers, agents and employees from any liability for any injury suffered during the ice hockey activity or in travel to and from the activity. I further attest that the above mentioned child is physically and medically qualified to participate in said program. This statement is intended to take effect as a sealed instrument.

SIGNATURE_____***DATE***_____
(parent or guardian)