

EASTERN HOCKEY FEDERATION



TRYOUT FORM 2009 - 2010 SEASON

SECTION ONE

Name (Print) _____			
Last	First	MI	
Address _____		Date of Birth _____	
Town/City _____		State _____	Zip Code _____
Home Phone(_____) _____		Cell Phone(_____) _____	
Parents Names 1 _____		2 _____	
Email:(all caps) _____			
Current Team _____			
<i>I am trying out for this position:</i> Forward _____ Defense _____ Either F /D _____ Goalie _____			
2002 AAA	2001 AAA	2000 AAA	1999 AAA
1998 AAA	1997 AAA	1996 AAA	1995 AAA
Midgets Jr	Midgets Sr	2000 AA	1999 AA
1998 AA	1997 AA	1996 AA	1995 AA

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)