ALASKA ALL STARS HOCKEY ASSOCIATION 2016/17 SEASON 8U MITE EVALUATIONS

No Charge for Evaluations!

Please bring this form with a copy of your USA Hockey Registration Confirmation to Evaluations It is free for 2010 birth years and younger www.usahockeyregistration.com



8U MITE RED (2008/2009)	
8U MITE WHITE (2008/2009/2010)	
8U MITE BLUE (2009/2010/2011/2012)	

8U Mite Red (Mite C) Evaluations	Wednesday, August 17, 2016	6:00-7:15 pm @ Dempsey 2
(Birth year 2008/2009)	Monday, August 22, 2015	5:45-6:45 pm @ Dempsey 1
8U Mite White (Mite D) Evaluations	Wednesday, August 24, 2016	5:45-6:45 pm @ Dempsey 1
(Mostly 2009, 2010- Some 2008 and 2011 Birth Years)	Monday, August 29, 2016	5:45-6:45 pm @ Dempsey 1
8U Mite Blue (Mite Development) Evaluations	Wednesday, August 31, 2016	5:45-6:45 pm @ Dempsey 1
(Mostly 2010 and 2011 birth years, Some 2009 and 2012)	Tuesday, September 6, 2016	6:15-7:15 pm @ Dempsey 1

2016-17 USA Hockey Membership #_____

Player Name:		Birth Date:	
Player School:Grade = Grade = Player's Previous Season's Team:			
Position: F D G Shoots: L or R Parent (1):			
Email:		Cell Phone:	
Address:		Home Phone:	
City:		Zip:	
Parent (2):			
Email:		Cell Phone:	
Address:		Home Phone:	
City:	State:	Zip:	
Consent to Treat:	uardian of the above li	sted player give my consent to the coaches	

I, ______, parent/guardian of the above listed player give my consent to the coaches and representatives of the Alaska All Stars Hockey Association permission to obtain medical treatment for any injuries that may arise from participation in any AASHA event from any licensed physician, hospital, or medical clinic. I will not hold the coaches or representatives of the Alaska All Stars Hockey Association liable for any injuries that could arise from participation in an AASHA sponsored event. Participants understand the inherent risks in ice hockey and other member activities.

Signed:_____

Date:_____