

# ALASKA ALL STARS HOCKEY ASSOCIATION 2024/25 SEASON 8U EVALUATIONS



**No Charge for Evaluations!**

Please bring this form with a copy of your USA Hockey  
Registration Confirmation to Evaluations

<https://membership.usahockey.com/>

8U MITE RED (2016/2017) \_\_\_\_\_  
 8U MITE WHITE (2016/2017/2018) \_\_\_\_\_  
 8U/6U MITE BLUE (2017/2018/2019/2020) \_\_\_\_\_

8U Mite Evaluations (combined Red, White and Blue Evaluations) (Birth year 2016 through 2020)	Monday, August 19, 2024	5:45 - 6:45 pm @ BB1
	Tuesday, August 20, 2024	5:45 - 6:45 pm @ BB1

**2024-25 USA Hockey Membership #** \_\_\_\_\_

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Player School: \_\_\_\_\_ Grade 2024-25 \_\_\_\_\_

Player's Previous Season's Team: \_\_\_\_\_

Position: F D G Shoots: L or R

Parent (1): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent (2): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Consent to Treat:*

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: \_\_\_\_\_