

ALASKA ALL STARS HOCKEY ASSOCIATION 2015/16 SEASON TRYOUTS

Non-Refundable Tryout Cost - \$50.00 All Divisions

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



MIDGET 18 AA (1997/1998) _____
MIDGET 16 AA (1999/2000) _____
BANTAM 14 AA (2001/2002) _____
PEEWEE MAJOR _____
PEEWEE MINOR _____
SQUIRT MAJOR _____
SQUIRT MINOR _____

GIRLS U19 _____
GIRLS U16 _____

2015-16 USA Hockey Membership# _____

Player Name: _____ Birth Date: _____

Player School: _____ Year of Graduation: _____ Grade 2015-16 _____

Player's Cell Phone: _____ Player's email _____

Player's Previous Season's Team: _____ Tier: _____

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: _____

☐ PAID CASH ☐ PAID CHECK # _____
(Please Staple Payment to Form)