

# ALASKA ALL STARS HOCKEY ASSOCIATION 2018/19 SEASON TRYOUTS

**Non-Refundable Tryout Cost**

**\$20 On-Site Registration only (Cash or Check only)**

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



**14U Tier II Girls**

2004/2005 Birth years

2006 – Upon approval

**2018-19 USA Hockey Membership#** \_\_\_\_\_

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

**Player School:** \_\_\_\_\_ **Grade 2018-19** \_\_\_\_\_

**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)