2018/19 SEASO	ARS HOCKEY ASSOCIA N TRYOUTS - Girls	TION	
Non-Refundable Tryo \$20.00 before 5/7/18, (Cash or Check)	sut Cost – \$25 onsite at tryouts		
Please bring this form with a copy of your USA Hockey Registration Confirmation to Tryouts or Mail w/Check to: Alaska All Stars, P.O. Box 241805, Anchorage, AK. 99524		Special to out of State/Town Applicants:	
16U and 19U Girls	Monday, May 7, 2018	6:15 – 7:15 pm @ DA1	
2018-19 USA Hockey N	1embership#		
Player Name:		Birth Date:	
Player School:	Year of Graduation:	Grade 2018-19	
Player's Cell Phone:	Player's	email	
Player's Previous Season's	Team:	Tier:	
Position: F D G Shoot	s: L or R Preferred Jersey #	st Choice2 nd Choice	
Parent (1):			
Email:		Cell Phone:	
Address:		Home Phone:	
City:	Sta	te: Zip:	
Parent (2):			
Email:		Cell Phone:	
City:	State:	Zip:	
Consent to Treat: I, representatives of the Alaska arise from participation in a coaches or representatives of	, parent/guardian of the All Stars Hockey Association permissio any AASHA event from any licensed p the Alaska All Stars Hockey Association	above listed player give my consent to the coaches and n to obtain medical treatment for any injuries that may hysician, hospital, or medical clinic. I will not hold the liable for any injuries that could arise from participation sks in ice hockey and other member activities.	
Signed:		Date:	
I	🗌 PAID CASH 🗌 PAID	СНЕСК #	

(Please Staple Payment to Form)