

# ALASKA ALL STARS HOCKEY ASSOCIATION 2019/20 SEASON TRYOUTS - Girls

**Non-Refundable Tryout Cost –  
\$20.00** (Cash or Check)

**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**

**16U Tier 2 Girls** \_\_\_\_\_

**19U Tier 2 Girls** \_\_\_\_\_



Special to out of State/Town Applicants:

Send application form and \$20 and you will be considered for a position. Call Coach Cristy Hickel with questions (907-351-5545)

16U and 19U Girls	Monday, May 6, 2019	7:15 – 8:15 pm @ DA2
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**2019-20 USA Hockey Membership#** \_\_\_\_\_

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

Player School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Grade 2019-20 \_\_\_\_\_

Player's Cell Phone: \_\_\_\_\_ Player's email \_\_\_\_\_

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

Position: **F D G** Shoots: **L or R** Preferred Jersey # 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

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)