

ALASKA ALL STARS HOCKEY ASSOCIATION 2019/20 SEASON TRYOUTS

**Non-Refundable Tryout Cost - \$55.00 Online
\$60 On-Site (Cash or Check only)**

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



16U MIDGET AA _____
14U BANTAM AA _____
12U PEEWEE MAJOR _____
12U PEEWEE MINOR _____
10U SQUIRT MAJOR _____
10U SQUIRT MINOR _____

2019-20 USA Hockey Membership# _____

Player Name: _____ Birth Date: _____

Player School: _____ 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**

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)