

# ALASKA ALL STARS HOCKEY ASSOCIATION 21/22 SEASON TRYOUTS - Girls



**Non-Refundable Tryout Cost**

**\$40.00 – Online registration**

**\$50.00 – In person registration (Cash or Check)**

**16U Tier 1 Girls \_\_\_\_\_ (\$40 online, \$50 onsite)**

**19U Tier 1 Girls \_\_\_\_\_ (\$40 online, \$50 onsite)**

**19U Tier 2 Girls \_\_\_\_\_ (\$20 online, \$25 onsite)**

**(No charge for Tier 2 tryouts if attend Tier 1 tryouts and not selected)**

16U Tier 1 Girls	Tuesday, June 1, 2021	5:45 – 6:45 pm @ Subway Red
	Wednesday, June 2, 2021	5:30 – 6:30 pm @ Subway Blue
19U Tier 1 Girls	Tuesday, June 1, 2021	7:00 – 8:00 pm @ Subway Red
	Wednesday, June 2, 2021	6:45 – 7:45 pm @ Subway Blue
19U Tier 2 Girls	Monday, June 14, 2021	5:45 – 6:45 pm @ Subway Red

**2021-22 USA Hockey Membership# \_\_\_\_\_**

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

Player School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Grade 2021-22 \_\_\_\_\_

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 # \_\_\_\_\_