

# ALASKA ALL STARS HOCKEY ASSOCIATION 22/23 SEASON TRYOUTS - Girls



**Non-Refundable Tryout Cost**

**\$40.00 – Online registration**

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

**19U Tier 1 Girls \_\_\_\_\_**

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

**14U Tier 2 Girls \_\_\_\_\_**

**Check all that apply above - (Single tryout fee for 19U Tier 1 and 2 Tryouts)**

19U Tier 1 & Tier 2 Girls (2003 and younger birth years)	Monday, May 2, 2022 Tuesday, May 3, 2022	6:45 – 7:45 pm @ Subway Blue 6:45 – 7:45 pm @ Subway Blue
14U Tier 2 Girls (2008 – 2009 birth years)	Monday, May 2, 2022 Tuesday, May 3, 2022	5:30 – 6:30 pm @ Subway Blue 5:30 – 6:30 pm @ Subway Blue

**2022-23 USA Hockey Membership# \_\_\_\_\_**

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

Player School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Grade 2022-23 \_\_\_\_\_

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 # \_\_\_\_\_