ALASKA ALL STARS HOCKEY ASSOCIATION 2017/18 SEASON TRYOUTS

Non-Refundable Tryout Cost - \$50.00 All Divisions (Cash or Check)

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





Player Name:		Birth Date:	
Player School:	Year of Graduation:	Grade 2017-18	
Player's Cell Phone:	Player's email		
Player's Previous Season's	Team:	Tier:	
Position: F D G Shoot	s: L or R		
Parent (1):			
		Cell Phone:	
Address:		Home Phone:	
City:	State:	Zip:	
Parent (2):			
Email:		Cell Phone:	
Address:		Home Phone:	
City:	State:	Zip:	
representatives of the Alaska All S arise from participation in any A coaches or representatives of the A	Stars Hockey Association permission to obta ASHA event from any licensed physician,	isted player give my consent to the coaches a in medical treatment for any injuries that m hospital, or medical clinic. I will not hold t r any injuries that could arise from participati hockey and other member activities.	
Signed:		Date:	

(Please Staple Payment to Form)