

ALASKA ALL STARS HOCKEY ASSOCIATION 2017/18 SEASON 10U SQUIRT RECREATION EVALUATIONS

No Charge for Evaluations!

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

www.usahockeyregistration.com



10U SQUIRT RECREATION (2007/2008) _____

10U Squirrt Recreation Evaluations (Birth year 2007/2008)	Sunday, August 20, 2017	10:00-11:15 am @ Subway-Red
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2017-18 USA Hockey Membership # _____

Player Name: _____ Birth Date: _____

Player School: _____ Grade 2017-18 _____

Player's Previous Season's Team: _____

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: _____