



TEAM ALASKA TIER 1
2019/20 SEASON TRYOUTS



**Non-Refundable Tryout Cost
\$60 On-Site, Cash or Check Only**

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

(duplicate registration confirmation can be obtained at www.usahockeyregistration.com)

Player Name: _____ Birth Date: _____

Player School: _____ Grade 2019/20: _____

Player's Cell Phone: _____ Player's Email: _____

Player's 2018/19 Team: _____ Tier Level: _____

2019/20 Team Level Tryout ☐ 18U ☐ 15 Only ☐ 14U

Position: ☐ Forward ☐ Defense ☐ Goalie Shoots: ☐ Left ☐ Right

Parent Name (1): _____

Email: _____ Cell Phone: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Parent Name (2): _____

Email: _____ Cell Phone: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Consent to Treat:

I, _____, parent/guardian of the above listed player give my consent/permission to the coaches/representatives of the Alaska State Hockey Association to obtain medical treatment for any injuries that may arise from participation in any ASHA event from any licensed physician, hospital, or medical clinic. I will not hold the coaches/representatives of the Alaska State Hockey Association liable for any injuries that could arise from participation in an ASHA sponsored event. Participants understand the inherent risks in ice hockey and other member activities.

Signed: _____ Date: _____

☐ PAID CASH ☐ PAID CHECK # _____