

# EASTERN HOCKEY FEDERATION



## TRYOUT FORM 2011 - 2012

Name: ( Print) \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Current Team \_\_\_\_\_

Position: Forward \_\_\_\_\_ Defense \_\_\_\_\_ Goalie \_\_\_\_\_

Would you be interested in an alternate position? YES \_\_\_\_\_ NO \_\_\_\_\_

### For Administrative Purpose

Pinnie Color \_\_\_\_\_

Pinnie # \_\_\_\_\_

AMOUNT DUE

\$65.00

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Please Make Checks Payable to **SOUTH SHORE KINGS**. Thank you.

### ***Injury Waiver***

*In consideration of his/her being permitted to participate in this ice hockey program, the undersigned hereby releases the Eastern Hockey Federation, the Foxboro Sports Center and the above mentioned program of the E.H.F.. and their officers, agents and employees from any liability for any injury suffered during the ice hockey activity or in travel to and from the activity. I further attest that the above mentioned child is physically and medically qualified to participate in said program.*

*This statement is intended to take effect as a sealed instrument.*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(parent or guardian)