EASTERN HOCKEY FEDERATION

TRYOUT FORM 2010 - 2011

Name (Print)_____
Last First MI

Address_____Date of Birth_____

Town/City_____State_____ Zip Code_____

Home Phone(_____)_____Work/Cell Phone(_____)_____

Email address _____

Current Team_____

Position: Foward _____ Defense_____ Goalie_____

Would you be interested in an alternate postition? 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)