

EASTERN HOCKEY FEDERATION



TRYOUT FORM 2008 - 2009 SEASON

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 _____

Circle One: 2001 2000 1999 1998 1997 1996 1995 1994

For Administrative Purpose

Pinnie Color _____ **Pinnie #** _____
AMOUNT DUE \$65.00

Cash _____ Check # _____ Credit Card _____

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)