DISTRICT 10 SELECT TRYOUT APPLICATION 2013-2014

Tryout dates –	***Saturday Mar 30***	***U16***	***7-8 pm***
		U18	***8-9pm***
	Saturday April 6	***U16***	***12-1:30 pm***
		U18	***1:30-3pm***

NAME: _____

STREET/APT.:_____CITY/ZIP:_____

PHONE: _____ Date of Birth: _____

SSN: _____-_____-_____ e-mail address: _____

School: _____Level: Varsity _____JV _____ Middle School _____

YEAR IN SCHOOL (This year): _____ POSITION: _____

CHECK SHOULD BE MADE PAYABLE TO:

MASS HOCKEY DISTRICT 10 SELECTS
329 West Emerson St.
Melrose, MA 02176

Pre-registration Fee	***$80***
Registration at the door	***$100***

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

Upon entering events sponsored by USA Hockey and/or its member's district, I/We agree to abide by the rules of USA Hockey as currently published. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume this risk and release USA Hockey, its affiliates, their sponsors, event organizers, and officials from any liability therefore.

READ BEFORE SIGNING:
Participant's Signature_____

Parent or Guardian Signature_____

Date: _____

Tryout Number _____ (board use only)

For more information, contact Chuck Allen (617)448-4197 or Brendan Leyne (781)662-6220.