



JUNIOR WARRIORS 2016 JR. HIGH TRYOUT REGISTRATION

\$75 NON-REFUNDABLE REGISTRATION FEE AT TRYOUT

PLAYER NAME: _____

PLAYER DATE OF BIRTH: _____ -- _____ -- _____

POSITION: F _____ D _____ F/D _____ GOALIE _____ SHOOT: L or R

LAST SEASON'S TEAM(S) AND LEVEL:

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL #1: _____

EMAIL #2: _____

MOTHER – Print Name: _____

MOTHER SIGNATURE: _____ DATE: _____

FATHER – Print Name: _____

FATHER SIGNATURE: _____ DATE: _____

Release of Liability/Acknowledgement of Risk:

Upon entering events sponsored by the JUNIOR WARRIORS – Jr. High Hockey, I/We understand and appreciate that participation or observation of the sport of hockey 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 the JUNIOR WARRIORS – Jr. High Hockey, their affiliates, their sponsors, event organizers and officials from any liability therefore.

Print Name: _____ DATE: _____

SIGNATURE: _____

Team Use:

PAYMENT METHOD: CASH _____ CHECK NUMBER: _____

JERSEY COLOR: _____ JERSEY NUMBER: _____