DIX HILLS HAWKS YOUTH HOCKEY ASSOCIATION TRYOUT FEE \$60

Complete Form Online and then Print

TEAM TRYING OUT FOR:		Players Birth Year		Accordance Control	
POSITION: Goalie	Forward	Defense			Sw
PLAYER INFORMATION	First Nam		D O B	COUNTY + ABL	
Last Name			D.O.B.		
Address Home Telephone					
Players e-mail					
PLAYER HOCKEY EXPERIENCE	Did you play trave	I hockey last season ?			
What Organization Did you pla	y for last season	Age L	evel	Tier Level	
Did you obtain a release from t	his or any organization?	P YES NO			
Have you / or do you plan to at	tend any other tryouts	while attending tryouts f	for the Dix Hills Hawks?	Yes No	
PARENT / GUARDIAN INFORM	ATION				
Fathers Name					
Father's Address (if different) _					
Father's Home Phone	Father's	Cell Phone			
Father's e-mail			Work Pho	one	
Mother's Name					
Mother's Address (if different)					
Mother's Home Phone					
Mother's e-mail			Work Pl	none	
I/We the parent(s) or legal guals land Rebels and further claim I / we assume all risks and haza Rebels Youth Hockey Assn, Assan injury to my son / daughter. tryout for one team at a time. on the Hawks Team.	that he / she (player) is ards incidental to such p ociated Organizations, s . I / we acknowledge th	s in perfect physical cond articipation and waive, r sponsors, supervisors, pa nat as per Long Island An	ition to participate in the elease, absolve and agrenticipants and board menateur Hockey League r	e tryout process an ee to hold harmless embers for any clain ules our son/daug	nd coming season the Long Island n arising out of hter may only
Parent Signa	ture	Parent P	rint Name	 	