

LONG ISLAND REBELS YOUTH HOCKEY ASSOCIATION
TRYOUT REGISTRATION FORM



Please Print Neatly

TEAM TRYING OUT FOR: _____ Players Birth Year _____

POSITION : Goalie _____ Forward _____ Defense _____

PLAYER INFORMATION

Last Name _____ First Name _____ D.O.B. _____

Address _____

Home Telephone _____ Players Cell Phone _____

Players e-mail _____

PLAYER HOCKEY EXPERIENCE Did you play travel hockey last season ? _____

What Organization Did you play for last season _____ Age Level _____ Tier Level _____

Did you obtain a release from this or any organization? YES NO

Have you / or do you plan to attend any other tryouts while attending tryouts for the Long Island Rebels ? Yes No

PARENT / GUARDIAN INFORMATION

Fathers Name _____

Father's Address (if different) _____

Father's Home Phone _____ Father's Cell Phone _____

Father's e-mail _____ Work Phone _____

Mother's Name _____

Mother's Address (if different) _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's e-mail _____ Work Phone _____

I/We the parent(s) or legal guardians of the above named player give my / our consent for the participation in all the activities of the Long Island Rebels and further claim that he / she (player) is in perfect physical condition to participate in the tryout process and coming season. I / we assume all risks and hazards incidental to such participation and waive, release, absolve and agree to hold harmless the Long Island Rebels Youth Hockey Assn, Associated Organizations, sponsors, supervisors, participants and board members for any claim arising out of an injury to my son / daughter. **I / we acknowledge that as per Long Island Amateur Hockey League rules our son/daughter may only tryout for one team at a time.** I / we acknowledge that if my son / daughter is selected for the team we will accept the rostered position on the Rebels Team.

Parent Signature

Parent Print Name

Date

Tryout results will be posted on our website (www.LIRebels.com) within 24 hours of the last tryout