

LONG ISLAND REBELS YOUTH HOCKEY ASSOCIATION

TRYOUT REGISTRATION FORM



Complete form prior to printing

Team Trying our for: Mites _____ Sqt Minor _____ Peewee Minor _____ Bantam Minor _____ Midget 16 _____
Sqt Major _____ Peewee Major _____ Bantam Major _____ Midget 16 III _____
Midget 18 _____

POSITION : Forward _____ Defense _____ Goalie _____

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 _____

Does the player have original release form _____ Will you be playing High School Hockey _____

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 if my son / daughter is selected for the team we will accept the rostered position on the 2013-2014 Rebels Team.

Parent Signature

Parent Print Name

Date

To pre-register mail application to: **Long Island Rebels**
PO Box 1041, Huntington NY 11743