



# Long Island Rebels / Dix Hills Hawks



## Tryout Application

PLAYERS LAST NAME: \_\_\_\_\_

YEAR OF BIRTH:

PLAYERS FIRST NAME: \_\_\_\_\_

POSITION: FORWARD \_\_\_\_\_ DEFENSE \_\_\_\_\_ GOALIE \_\_\_\_\_

TEAM TRYING OUT FOR: \_\_\_\_\_ REBELS \_\_\_\_\_ HAWKS

LAST SEASONS TEAM: \_\_\_\_\_ TIER: \_\_\_\_\_

DID YOU OBTAIN A RELEASE FROM THIS OR ANY OTHER ORGANIZATION: YES \_\_\_\_\_ NO \_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

TRYOUT FEES: Mites \$Free      Squirt: \$75 (pre-paid)      Pee wee : \$100 (pre-paid)  
Bantam:\$125 (pre-paid)      Midget:\$125 (pre-paid)

**Pre-paid discount ends seven days before first tryout, tryout fees will then increase by \$25**

**No partial tryout fee's or credit cards will be accepted. To obtain the tryout discount the application and fee must be received with payment (postmarked 7 days prior to the first tryout) to:**

Long Island Rebels  
PO Box 1041  
Huntington NY 11743

**All players trying out ( Squirt thru Midget) will receive a Rebels practice jersey to keep.**

**NO REFUNDS- The above fees only guarantee one tryout and tryout jersey  
Players may be not invited back after the 1st tryout, pending numbers.**

*Players cut from Long Island Rebels Teams may tryout for Dix Hills Hawks Teams with no additional tryout fee.  
Tryout Results Will Be Posted on [www.LIRebels.com](http://www.LIRebels.com) and [www.DixHillsHawks.com](http://www.DixHillsHawks.com) within 24 hours of last tryout.*

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 (organization) at a time.**

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Parents Name (Printed)

\_\_\_\_\_  
Date