



# TEAM TRYOUT FORM 2010-2011 SEASON

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Team: \_\_\_\_\_

**I am trying out for the following position: (Please Check One)**

Forward       Defense       Either F/D       Goalie

**I am trying out for the following Level: (Please Check One)**

2003AAA       2002AAA       2001AAA       2000AAA       1999AAA  
 1998AAA       1997AAA       1996AAA       1995AAA  
 Midgets Jr.       Midgets Sr.

*The Section below is to be filled out by the cashier. Bring this signed form, with section one filled out, to the cashier.*

Pinnie Color: \_\_\_\_\_ Pinnie #: \_\_\_\_\_

**Amount Due: \$75.00**      Cash \_\_\_\_\_      Check #: \_\_\_\_\_

Credit Card (Type) \_\_\_\_\_ Card#: \_\_\_\_\_ Exp: \_\_\_\_\_

**• Please make check payable to Boch Blazers •**

**INJURY WAIVER:** In consideration of his/her being permitted to participate in this hockey program, the undersigned hereby releases the Boch Ice Center and the above mentioned program and their officers, agents and employees from any liability for any injury suffered during the ice hockey activity or in travel to and from the activity. I further attest that the above mentioned child is physically and medically qualified to participate in said program. This statement is intended to take effect as a sealed instrument.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

