

PLAYER REGISTRATION TRYOUT FORM



Please complete the application and mail to:
Olympia Ice Center
125 Capital Drive
West Springfield, Mass 01089

**Level:**

- USPHL Premier (1997 - 2001)
- USPHL Elite (1997 - 2001)

Position: *(Choose One)*

- Forward
- Defense
- Goal

Player Information:

Player Name: _____ This Year's Team: _____

Date of Birth: _____

Street: _____ City: _____ State: _____

Zip: _____

Phone: _____

E-Mail: _____

I/we understand that accident, health and personal insurance are not provided. I/we verify the above information to be true and give our child permission to participate in the Olympia Junior Hockey, Inc. tryout. I/we the parents/guardians of the above named registrant in the Olympia Junior Hockey, Inc. tryouts, hereby give permission for the registrant to participate in any and all activities during the 2017-18 season. I/we hereby waive, release, absolve, indemnify and agree to hold blameless Olympia Junior Hockey, Inc., its organizers, sponsors, supervisors, participants and persons transporting my/our registrant to and from activities and any claims arising from an injury to my/our registrant. I/we assume all risks and hazards incidental to such activities and participation. I/we will furnish a birth certificate upon request of Olympia Junior Hockey, Inc. I further give permission for the above applicant's name to be posted on the Springfield Pics website at www.springfieldjrpics.com if selected for additional tryouts or the team.

Parent/Guardian Information:

Name: _____ Day Phone: _____

Evening Phone: _____

Street: _____ City: _____ State: _____

Zip: _____

E-Mail: _____

Parent/Guardian Signature: _____ Date: _____

Tryout Registration Fee: \$125
(Make check payable to: Springfield Pics Hockey)