



NORTH STAR YOUTH FORUM

2010/2011

NORTH STAR SELECTS MITE Try-out Registration Form



LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ E-MAIL (REQUIRED) _____

PARENT'S NAME(S) _____ DATE OF BIRTH _____

CURRENT TEAM & LEVEL _____ POSITION _____

USA HOCKEY IMR # _____ (REQUIRED)

BRING COMPLETED APPLICATION & RELEASE OF LIABILITY (BACK) FORM TO FIRST DAY OF TRY-OUTS:

TRYOUTS: MONDAY APRIL 12TH 6:30 PM (RINK B)

TRYOUT FEE (\$65.00) WAIVED UNTIL PLAYER IS SELECTED AND OFFICIALLY ROSTERED FOR THE MITE TEAM

To the best of my knowledge, my son/daughter is in good health to participate in this program, and in good standing with Massachusetts Hockey. Therefore, I hereby assume all risks and hazards incidental to participation in any and all activities of the North Star Youth Forum and related programs. I hereby absolve, indemnify, and agree to hold harmless the North Star Youth Forum and their coaches out of injury to the above named skater.

PRINT NAME OF PARENT OR GUARDIAN _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE: _____

GENERAL QUESTIONS? Call JoAnne (508) 366-1562 x236 ACCOUNTS RECEIVABLE: Call Linda x 221 SELECTS: Call Craig x223

www.nsyf.org

www.northstarselects.com