



# NORTH STAR YOUTH FORUM

P.O. Box 856  
Northborough, MA 01532



## 2010/2011 NORTH STAR SELECTS Little North Stars Try-out Registration Form (Birth year: 2003 and younger)

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

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

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL (REQUIRED) \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT TEAM & LEVEL \_\_\_\_\_ POSITION \_\_\_\_\_

USAHOCKEY IMR # \_\_\_\_\_ (REQUIRED)

TRY-OUT FEE: \$45.00\* (NON-REFUNDABLE)

(\*Fee is waived for all players who tried out for the 2010/2011 Northstar Selects Mite Team.)

**BRING COMPLETED APPLICATION & RELEASE OF LIABILITY FORM TO FIRST DAY OF TRY-OUTS:**

**TRYOUTS: MONDAY APRIL 12<sup>TH</sup> 6:30 PM (RINK B) &  
WEDNESDAY APRIL 14<sup>TH</sup> 4:00 PM (RINK A)**

AMOUNT ENCLOSED: \$ \_\_\_\_\_ (PLEASE MAKE CHECKS PAYABLE TO NORTH STAR YOUTH FORUM)

CHECK NUMBER: \_\_\_\_\_ NAME ON CHECK: \_\_\_\_\_

PLAYER TRIED OUT FOR 2010/2011 NORTHSTAR SELECTS MITE TEAM (PLEASE CIRCLE) YES NO

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: \_\_\_\_\_

QUESTIONS? CALL JoAnne (508) 366-1562 x236