



# NORTH STAR YOUTH FORUM

P.O. Box 856  
Northborough, MA 01532



**2011/2012**  
**Little Northstars**  
**Try-out Registration Form**  
(Birth year: 2004 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: \$35.00\* (NON-REFUNDABLE) \$ 50.00 (Walk-In and/or Late Registrations)

**\*FEE WAIVED FOR ALL PLAYERS (2004 & YOUNGER) WHO TRIED OUT FOR 2011-2012 NORTHSTARS MITE TEAM.**

**TRYOUTS: MONDAY APRIL 11<sup>TH</sup> @ 6:20 PM / Rink B**  
**THURSDAY APRIL 14<sup>TH</sup> @ 6:10 PM / Rink A**

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

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

REGISTRATION DEADLINE: **WEDNESDAY APRIL 6, 2011 (POSTMARK)**

MAIL COMPLETED APPLICATION AND RELEASE OF LIABILITY FORM **(ON BACK)** TO: North Star Youth Forum  
PO BOX 856  
NORTHBOROUGH, MA 01532

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

[www.nsyf.org](http://www.nsyf.org)

