

CPYHA Dynamo Girls 14 U

2014-2015 Season

Please complete the information below. **ALL** information is required. Use 1 form per player.  
Tryout Fee \$40 check made payable to CPYHA.

POSITION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

PARENT (LEGAL GUARDIANS) NAMES:  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HISTORY OF LEAGUE/YOUTH HOCKEY PLAY: (please list last 3 years-starting from the most recent downward)

ORGANIZATION	LEVEL (A,B, C) Maj/Min	AGE DIVISION Mite/SQ/PW
2013/14		
2012/13		
2011/12		

**Note: If your last youth hockey play was not with CP Dynamo or CPYHA, a release form is required prior to registering, trying out for and stepping on the ice for ANY CP teams. If you were with a non NY State Team last season, we still require you to have a letter submitted from your prior organization that your financial obligation has been met with your previous organization.**

Parent/Legal Guardian Signature \_\_\_\_\_