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| Clifton park youth hockey association  2016-2017 Eagles Tryout Registration Form | Please Mark Level of Tryout:  **\_\_Squirt \_\_ Peewee\_\_ Girls 12/14/16U**  **\_\_Bantam \_\_Midget** |
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| Applicant Information | | | | | | |
| Last Name: |  | | First: | | MI: | DOB: / / | |
| Street Address: |  | | | | | Apartment/Unit #: | |
| City: |  | | State: | | ZIP: | | |
| Phone: |  | | E-mail: | | Gender: FEMALE  MALE | |
| Position (optional): |  | | | | | |
| Are you a citizen of the United States? | | YES | | NO | **2016-2017** USA Hockey Barcode: | | |
| Have you played for any youth hockey organization other than CPYHA within the last 3 years? | | YES | | NO | ***Please list any medical conditions/limitations of which we should be aware during tryouts:*** | | |
| If yes, do you have a player release form from the organization(s) listed? | | YES | | NO |  | | |

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| MOST RECENT 3 YEAR HISTORY: | | | |
| 2015-16 SEASON | ORGANIZATION: | LEVEL: |  |
| 2014-15 SEASON | ORGANIZATION: | LEVEL: |  |
| 2013-14 SEASON | ORGANIZATION: | LEVEL: |  |

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| pARENT/GUARDIAN INFORMATION: | | | | |
|  | | | | |
| Name: |  | Relationship: | |  |
| Street Address: |  | Phone: |  | |
| City/State/Zip: |  | | | |

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| Disclaimer and Signature | | | |
| I certify that my answers are true and complete to the best of my knowledge.  I acknowledge that the above player ***must*** submit this signed registration form, $40 registration fee and all required releases prior to participation in any tryout activities. | | | |
| Signature: |  | Date: |  |