|  |  |
| --- | --- |
| Clifton park youth hockey association2016-2017 Eagles Tryout Registration Form | Please Mark Level of Tryout:**\_\_Squirt \_\_ Peewee\_\_ Girls 12/14/16U****\_\_Bantam \_\_Midget** |
|  |  |

|  |
| --- |
| 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 [ ]  |  |

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

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

|  |
| --- |
| 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: |  |