



Boston Jr. Shamrocks

U12 - U19 Girls' Hockey Program

BostonJuniorShamrocks.com

2018-19 Tryout Application



Please Circle Team Trying Out For: U12 U14 Full Season U14 Half Season U16 Half Season U19 Half Season

Player's Name: _____ Date of Birth: _____

Player's Email: _____ Parent's Email: _____

Parent's Name(s): _____ Cell Phone: _____

Address: _____
(Street)

(City/Town)

(State/Province)

(Zip Code/Postal)

Home Phone: _____ 3rd Email : _____

HOCKEY INFORMATION

Position(s): G D F Current Playing Level: _____ Height: _____ Weight: _____
(please circle one)

2017-18 Team: _____ League _____ Division: _____

MEDICAL INFORMATION

Personal Physician: _____ Telephone: _____

Medical Insurance Coverage: _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK:

I/we acknowledge that ice hockey is a contact sport and there is a potential for injury. Participating or observing in the Boston Jr. Shamrocks may constitute serious injury, including death and/or permanent paralysis. I/we fully understand the risk and release the Boston Jr. Shamrocks, it's owners, event organizers, coaches, referees, affiliates, sponsors, and ice arena/facilities from any liability (both financial and otherwise) that may be associated with participation or injury.

Player Signature: _____ Parent / Guardian Signature: _____

\$50 Tryout Fee

(If "Received" By 3/1/18)

\$65 Tryout Fee

(If Paid After 3/1/18)

\$75 Tryout Fee

(If Paid AT THE DOOR)

Return completed application along with proper tryout fee to:

Boston Jr. Shamrocks
190 Main Street
Wilmington, Massachusetts 01887