

# BAY STATE - GRIFFIN YOUTH HOCKEY

## Tryout/Registration Form 2009-10 Season

Players Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone \_\_\_\_\_

Current Team & Level \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_

**Please circle the Select Team (birth year) you are trying out for:**

<b>Mite</b>	<b>Squirt</b>	<b>Pee Wee</b>	<b>Bantam</b>	<b>Midget – minor</b>	<b>Midget – major</b>
01-02	99-00	97-98	95-96	93-94	91-92

MIDGETS only - Please designate your league preference: Marlboro Springfield NEMHL

Cost to tryout: \$225.00 (non-refundable under any circumstances)

\*The \$225 will be applied to the final tuition cost. We are unable to determine the final figure because we are still awaiting a final figure on practice ice from FMC as well as league fees from the three other rinks where we play. Tuition for 2009-2009 was \$1150.

The entire tuition amount must be paid in full prior to 1 September 2009.

Check number \_\_\_\_\_ Name on check \_\_\_\_\_

Please make checks payable to **Bay State Youth Hockey**

Bay State Youth Hockey  
Po Box 235  
Auburn, MA 01501  
[www.hockeysharks.net](http://www.hockeysharks.net)

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 and USA Hockey. Therefore I hereby assume all risks and hazards incidental to participation in any and all activities of the Bay State – Griffin Youth Hockey Organization and related programs. I hereby absolve, indemnify and agree to hold harmless the Bay State – Griffin Youth Hockey Organization and their coaches out of injury to the above named skater.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_