

TEAM LONG ISLAND LADY ISLANDERS HOCKEY

375 W. Main St #333
HUNTINGTON N.Y. 11743

NEW MAILING ADDRESS



Position: Forward _____ Defense _____ Goalie _____

Player Information

Date of Birth

Last Name _____ First Name _____ _/ _/ _

Address _____

Home Telephone _____ Cell Phone _____

Player Hockey Experience

What Organization did you play for last season? _____

Do you have original release form? _____

Parent/Guardian Information

Father's Name _____

Father's Cell Phone _____

Mother's Name _____

Mother's Cell Phone _____

I/We the parent(s) or legal guardians of the above named player give my/our consent for the participation in all the activities of the Lady Islander and further claim that she is in perfect physical condition to participate in the tryout process and coming season. I/we assume all risks and hazards incidental to such participation and waive, release, absolve and agree to hold harmless the lady Islanders Youth Hockey Association, sponsors, supervisors, participants and board members for any claim arising out of an injury to my daughter. I/we acknowledge that if my daughter is selected for the team we will accept the rostered position on the Lady Islanders Team.

Parent Signature

Parent Print Name

Date

Player Signature

Player Print Name

Date

TRYOUT FEE ALL AGES \$75. (pre-paid)

Pre-paid discount ends seven days before first tryout, tryout fees will then increase by \$25. No partial tryout fee's or credit cards will be accepted. To obtain the tryout discount the application and fee must be received with payment (postmarked 7 days prior to the first tryout) to:

Lady Islanders
375 W. Main St. #333
Huntington, NY 11743