

TEAM LONG ISLAND

LADY ISLANDERS

P.O. BOX 1041
HUNTINGTON N.Y. 11743



TIER TRYING OUT FOR **TIER 1** _____ **TIER 2** _____
Select one or both

Position: Forward _____ Defense _____ Goalie _____

Player Information

Last Name _____ First Name _____ Year of Birth

Address _____

Home Telephone _____ Cell Phone _____

E-mail Address (print clearly) _____

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.

Parent Signature Parent Print Name Date

Player Signature Player Print Name Date

PLEASE PRINT CLEARLY

TRYOUT FEE ALL AGES \$60