

North Suburban Wings Hockey Program

TRYOUT PRE-REGISTRATION FORM

The N.S. Wings Select Hockey program is an A.H.A.C. M. affiliated program.

(Please Print)

Player's Name _____ DOB _____

Address _____ Town _____ E Mail _____

State _____ Zip _____ Phone _____

Tryout Level _____ Position _____ Shoots R L

Current Team/Level _____

Parent / Guardian Names _____

Release of Liability/Acknowledgement of Risk _____

I/We the parents/guardians of the above named tryout candidate for the N.S. Wings Hockey Program hereby gives my/our approval to his/her participation in any and all activities related to the N.S. Wings organization.. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the N.S. Wings Hockey Program and any and all of its agents, including without limitation its assignees, the organizers, supervisors, participants for any and all related claims to said activities.

Parent/Guardian Signature _____ Date _____

Cost for Tryout - \$ 70.00 (if pre-registration forms received by March 1, 2008)

\$ 75.00 if paid at the time of tryout.

Mail this form and check for \$ 70.00 (payable to N.S. Wings Hockey) to:

Dan Maniff, 135 Lincoln Street, Revere, MA 02151
Questions - Call Dan Maniff (781 286 0403)