

Pittsburgh Amateur Penguins Hockey Association

2010 SPRING SEASON

Tryout - Player Registration Form

(The registration form must be completed in its entirety including a signature by a parent or guardian)

Player full Name: _____ Male ___ Female ___ Player DOB _____

Parents Name(s) _____/_____

Player's Home address: _____

Parents email: _____

Home phone: _____ Cell phone: _____

Years playing ice hockey: _____

Current Organizations(s)/Team(s): _____

Level(s) (Squirt AA, Pee wee AA, freshmen, etc.): _____

Positions played: _____

Desired position: _____

List Team(s) Trying Out For: _____

No player will be permitted on the ice without an officially issued player tryout number. Prior to being issued a tryout number, the following must be completed by every player:

- **The following checks must be submitted (all checks are to be made payable to PAPHA with the players name in the memo of the check):**
- **Two checks are needed: Tryout fee and commitment check.**
 - **A non-refundable tryout fee of \$40.00 payable to PAPHA**
 - **A SEPERATE non-refundable commitment fee of \$100.00, this check will be applied toward your financial commitment to the league and will be deposited immediately upon the player's acceptance of a position on the team. If you don't make a team, this check will be destroyed. If you accept a position on the team, and at any time subsequent to that decision decide not to play, this commitment fee will NOT be refunded under any circumstance.**
 - **Each player selected to an Amateur Penguins Spring teams will be notified of their placement on the team within one week of the conclusion of try-outs. Upon notification, the player will have 24 hours in which to accept or decline the position offered to the player. If the player does not accept the position offered within the 24 hours of notification, the position will be offered to another player. Any rights or claims that a player may have had to the position will be forfeited.**

Acknowledging that ice hockey is a contact sport, I agree that the Pittsburgh Amateur Penguins Hockey Association (PAPHA), its agents, servants and employees shall not be liable to me (my child) for any injury or damage, howsoever caused, resulting directly or indirectly from my (child's) participation in ice skating and ice hockey, whether incurred on the ice or otherwise in or about the buildings at any time preceding, during or subsequent to the tryout program, and I hereby discharge PAPHA, its agents, servants and employees from all actions, claims and demands I (my child) may have for any such injury and damage. I have read and understand the tryout guidelines, tryout fee, evaluation fee and commitment fee. I understand that once I accept the position that I am responsible for the total fee structure that has been set forth for that team and that at any time there after that I decide not to participate I am responsible for all fees set forth including the total tuition of the season and will be held to that commitment.

Signature of parent or guardian X _____ Date _____

DO NOT WRITE IN THIS SECTION – FOR OFFICAL PAPHA USE ONLY

Player Tryout Number Assigned: _____

NOTES: _____

