

PLAYER REGISTRATION TRYOUT FORM™

Level:

USPHL U18 Birth Years: 2000 - 2001

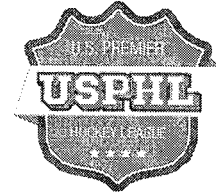
USPHL U16 Birth Years: 2004 - 2002

Position: *(Choose One)*

Forward

Defense

Goal



Player Information:

Player Name: _____ This Year's Team: _____

Date of Birth: _____

Street: _____ City: _____ State: _____

Zip: _____

Cell: _____

E-Mail: _____

I/we understand that accident, health and personal insurance are not provided. I/we verify the above information to be true and give our child permission to participate in the Springfield PICS tryout. I/we the parents/guardians of the above named registrant in the Springfield PICS tryouts, hereby give permission for the registrant to participate in any and all activities during the 2018-19 season. I/we hereby waive, release, absolve, indemnify and agree to hold blameless Springfield PICS, its organizers, sponsors, supervisors, participants and persons transporting my/our registrant to and from activities and any claims arising from an injury to my/our registrant. I/we assume all risks and hazards incidental to such activities and participation. I/we will furnish a birth certificate upon request of Springfield PICS I further give permission for the above applicant's name to be posted on the Springfield PICS website at www.springfieldjrpics.com if selected for additional tryouts or the team.

Parent/Guardian Information:

Name: _____ Day Phone: _____

Evening Phone: _____

Street: _____ City: _____ State: _____

Zip: _____

E-Mail: _____

Parent/Guardian Signature: _____ Date: _____

Tryout Registration Fee: \$100
(Make check payable to: Springfield PICS)