

WOODBURY AREA HOCKEY CLUB  
Tryout Waiver Recommendation Form

Please complete this form in full and *submit immediately to the Director of Tryouts & Player Evaluation at [tryouts@woodburyhockey.com](mailto:tryouts@woodburyhockey.com)*. Please note this form and the information provided does NOT go back to the parents.

Coach Name: \_\_\_\_\_

Player Name: \_\_\_\_\_

Year Coached: \_\_\_\_\_

Level of Play Coached: \_\_\_\_\_

Describe the Player's Strengths/Opportunities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 1 or 2 players (max) at a Comparable Level of Play the Same Year Coached:

\_\_\_\_\_  
\_\_\_\_\_

Range of Levels You Would Expect to See this Player at for the Upcoming Season:

(ex. "AA/A/B1", "B1/B2", "B2/C", etc.) \_\_\_\_\_

Other Notes/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_