MFCT STARS/MID FAIRFIELD YOUTH HOCKEY ASSOCIATION, INC. 2022-2023 GIRLS TRAVEL TRYOUT WALK IN REGISTRATION FORM

No player will be permitted to tryout without this form being filled out, the liability form signed by a parent and child, and the tryout fee being collected. The walk in tryout fee of \$175 per player is non-refundable after the first tryout session.

Please make the check for \$175 payable to Mid Fairfield CT Stars.

Questions? Please visit our website: https://www.midfairfieldhockey.com/girls-hockey or email us at MFYHAStars@optonline.net.

PARENT AND PLAYER MUST SIGN THE ATTACHED "WAIVER OF LIABILITY" FORM.

A SIGNED "LETTER OF COMMITMENT" AND \$1,000 NON-REFUNDABLE DEPOSIT ARE REQUIRED WHEN ACCEPTING A POSITION ON A TEAM.

CHECK ONE:	U14 Major-2008 U14 Minor-2009		_U19		
Player's Name	First		Torri		
	First		Last		
Male Fe	Female		U.S. Citizen Y N		
Street Address					
City		State	Zip		
Birth date/_	/ Teleph	one (H)	(C)		
Parent(s)/Guardian Name					
Email Address (Req	uired)				
Team Played for 202	21-2022		Position		
School Attending Fa	11, 2022		Grade, Fall 2022		
CONDITIONS OF REGISTRATION WITH MFCT STARS/MFYHA: We the undersigned, (1)Release and hold harmless MFCT STARS/MFYHA, ice rinks or other facilities and their coaches and staffs from all liability of any damages or other claims resulting from any aspect of our child's participation in the MFCT STARS/MFYHA program; (2)Agree never to make claims of any nature against those above (#1) on my behalf or that of this child for any damages resulting from his/her participation in the MFCT STARS/MFYHA program; (3)Authorize coaches, team managers or the other representatives to transport this child to a doctor or health care facility and give permission for recommended emergency treatment if any accidents or serious illness occurs at or in transit to or from any activity supervised by MFCT STARS/MFYHA if I/we cannot be contact with all related expenses to be borne by me; (4)Abide by the rules of MFCT STARS/MFYHA in both personal conduct and good sportsmanship at all MFCT STARS/MFYHA activities and instruct this child to the same; take full responsibility for my child monetary damages to facilities used for a MFCT STARS/MFYHA activity; agree to pay all other MFCT STARS/MFYHA fees and assessments in full as due unless arrangements are approved by our Treasurer.					
Signature of Parent(s)	/Guardian		Date	<u> </u>	
FOR OFFICE USE ONLY	2022/23 MFCT S	TARS/MFYHA TRYOUT FO	DRM	Check #	