

WOODBURY AREA HOCKEY CLUB
Tryout Waiver Form

Please complete this form in full and submit immediately to the Director of Tryouts & Player Evaluation at tryouts@woodburyhockey.com w/copy to administration@woodburyhockey.com.

Season/Year: _____

Player Name: _____

Parent Name(s): _____

Level of Play (upcoming season): _____

Level of Tryout: _____ - _____

Reason for Waiver Request: _____

Physician's Name (if applicable): -

NOTE: Per waiver guidelines, please have your physician generate a letter with the appropriate supporting information as soon as possible.

Current Estimated Date of "Unrestricted" Return to Ice: -

Level of Play for the Two Previous Seasons & Coach's Names:

Other Notes/Comments: _____

