

2013-2014 HSDT Tryout Application



Webster Youth Hockey Association
865 Publishers Parkway
Webster, NY 14580
www.wyha.com

Player Information

Player Name:

Address:

City:

State: **Zip:**

Gender: Male Female **Shoots:** Right Left

Position: Offense Defense Goalie

Date of Birth:

Last Season

Organization:

Team/Level:

Parent Information

Parent Name:

Parent Name:

Home Phone:

Mobile Phone:

e-mail:

e-mail:

	Age Classification			Birth Year	League Fee
<input type="checkbox"/>	HSDT			1995-1998	\$475

The following items are required at tryouts:

1. Tryout Fee: \$50 (non-refundable)
2. League Fee Deposit: \$150 (see terms below)
3. Commitment Letter (completed at check-in)
3. USAH Registration Number*
4. Original Player Release*
5. Birth Certificate*

(* does not apply to returning WYHA players)

Notes:

The league fees shown are based on a 20 player roster. Teams rostering less than 20 players may have league fee or ice time prorated at the discretion of WYHA

WYHA will provide a game jersey and socks.

Players selected: Parent/player must register on-line with both USA Hockey and WYHA. Registration begins on April 1 and must be completed before June 1. The balance of the league fee must be paid by July 15. Failure to meet these deadlines will result in a \$50 late fee. The \$150 league fee deposit will not be returned to players declining a spot on the team. The commitment letter will be signed by both the coach and organization

Players not selected: The \$150 league fee deposit will be returned or refunded. The commitment letter will be destroyed.

Payment types accepted: Cash, Check, Visa, Mastercard or Discover will be accepted at tryouts.

PARENTAL AUTHORIZATION

I, the parent/guardian of the above registrant, hereby give my approval for his/her participation on any and all Webster Youth Hockey Association activities. I assume all risks, hazards, and expenses incidental to such participation including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless Webster Youth Hockey Association, its directors, officers, supervisors, volunteers, participants and persons transporting any son/daughter to and from activities from any claim arising out of injury to my son/daughter whether the result of negligence or for any other cause.

Parent/Guardian:

Date:

Office Use Only

Tryout Fee CC Cash Check _____
 Program Deposit CC Cash Check _____
 Birth Certificate Received On File
 Player Release Received Not Required
 USAH Registration Verified

Tryout Jersey

Color: _____ Number: _____