

# Ridge Jr. Devils Tryout Form

Player's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Initial (Attach copy of Birth Certificate)

Address: \_\_\_\_\_  
Street City Zip Code

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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USA Hockey Card: YES  NO  Number: \_\_\_\_\_  
(Attach copy of USA Hockey Card)

Grade 8  Grade 7  Grade 6

If you do not play for a travel team you must obtain USA Hockey insurance at [www.usahockey.com](http://www.usahockey.com) and submit certification.

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## Hockey History:

Current Travel Team: \_\_\_\_\_ Level: \_\_\_\_\_ Position: \_\_\_\_\_

### List Previous Ice Hockey Playing Experience:

Year: \_\_\_\_ Team: \_\_\_\_\_ Level: \_\_\_\_\_ Position: \_\_\_\_\_

Year: \_\_\_\_ Team: \_\_\_\_\_ Level: \_\_\_\_\_ Position: \_\_\_\_\_

Year: \_\_\_\_ Team: \_\_\_\_\_ Level: \_\_\_\_\_ Position: \_\_\_\_\_

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Interested in Playing Position: \_\_\_\_ **FORWARD** / \_\_\_\_ **DEFENSE** / \_\_\_\_ **GOALIE**  
(Please check any that apply and number in preferential order 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)

Will attend tryouts on both days:  / only one day:  List Date: \_\_\_\_\_

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Any medical concerns? NO  / YES  If Yes, describe: \_\_\_\_\_

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

I hereby give my approval for above named applicant to participate in the Ridge Jr. Devil Hockey program. I affirm that this participant is in good health and able to participate in this hockey program in all capacities. I affirm that he/she is medically cleared for participation. It is my responsibility to inform the hockey coach and hockey manager of any medical concerns/diagnoses/issues that may affect his/her ability to participate. I assume all risks inherent and incidental to such participation and further release, absolve, indemnify and hold harmless the Ridge Jr. Devils, its team, coaches, fellow participants and the Bridgewater Sports Arena for any such claim arising due to injury of said participant. I hereby expressly authorize and request the Ridge Jr. Devils, its staff or any members thereof to act for me on my behalf according to their best judgment in any emergency, or injury to my child in the event I am not available or cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_