



NORTHERN JUNIOR CYCLONES 2010 Tryout Application

Player Information

Player Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Player Cell: _____

Player Email Address: _____

Parent(s) Name: _____

Current/Last School: _____ Grade: _____

GPA: _____ Class Rank: _____ SAT: _____ ACT: _____

Hockey Information

Last Team: _____

Last Coach: _____ Phone/Email: _____

Position: _____ Shot/Catch: _____ Hgt: _____ Wgt: _____

GP: _____ Goals: _____ Assts: _____ PIM: _____ GAA: _____ SV%: _____

Tryout Waiver

Please read and sign the bottom (players under the age of 18 need parent's signature).

The \$100 tryout fee must accompany this application.

Tryout Release and Waiver Agreement: I, parent of said player, give the player permission to participate in the Northern Cyclones / TSD Hockey "Tryouts" and use the facilities for the purpose of furthering his/her interest in hockey. I hereby covenant and agree with Northern Cyclones / TSD Hockey and its Directors, Instructors, Coaches, Officers, Agents, Employees and any related parties and hold harmless each and everyone of them from and against all claims, liability, loss, cost, damage and expense which may in anyway arise out of or in connection with the involvement of my son/daughter during the "Tryouts", or in the use of such facilities, including without limitations, all claims, he /she or I may have for personal injury to him/her or to any member of my family so arising. I do hereby further testify as to my son's sound mind and body. I intend this statement to take effect as a sealed instrument. I, the undersigned, certify I have carefully read and hereby agree to be bound by each one of the provisions set for here.

Players Signature: _____ Date: _____

Parents Signature (if under 18 yrs of age): _____ Date: _____