YORK SIMCOE EXPRESS

Hockey Association Inc.

TRYOUT Registration Form

Players Name:						
Address:				Season:		
Street				5 0050		
City Province Postal Code						
Date of Birth (yyyy-mm-dd):						
Team Information - Trying out for						
Position:		Shoots:	Height:		Weig	jht:
Division:						
Previous Team Information - Circle One						
Team Name	Category: H/L AE A AA AAA					
Division: Initiation - Novice - Atom - Peewee - Bantam - Midget - Junior - Juvenile						
Father Information						
Name:			Home #:			
Address:						
Work #:	Cell #:		E-mail:			
Mother Information						
Name:			Home #:			
Address:						
Work #:	Cell #:		E-mail:			
Emergency Contact						
Name:			Phone #:			
Address:						
Information						
Member's Name (Print): is a resident of this						
Home Centre (Pls Print): season as soon as and will register in above home centre for the						
Minor Hockey holds its registration						
Waiver: Please read care						
I, the undersigned certify the above privileges incident thereto, and by Canada, it's Board of Directors, its to team, conduct etc. and I agree Branches and/or divisions. I under injuries while participating in leagu	ve informa signing the Branches to abide b	nis certificate I have become and/or divisions which ma by such rules, regulations a t the York Simcoe Express	ne subject to the r ay be restrictive in and decisions of He	rules, regulation n some areas s ockey Canada	ons an such a , its Bo	d decisions of Hockey s movement from team oard of Directors, its
			Member's Name (Print)			
Parent/Guardian's Signature			Member's Signature			
	Di	ate				
AURORA, BRADFORD, EAST GWILLIMBURY, GEORGINA, NEWMARKET, SCHOMBERG						

N.B. As per the O.M.H.A. rules, every player must register with their home centre or sign a "Letter of Intent to Register" (above) before they can try out for a zone AAA team.