

# YORK SIMCOE EXPRESS

Hockey Association Inc.

## TRYOUT Registration Form

Players Name: <u>JOE SMITH</u>		Season: <u>2009-2010</u>
Address: <u>123 HUCKLE BERRY LANE</u>		
City: <u>SHARON</u>	Province: <u>ON</u> Street: <u>LOG IVO</u>	
Postal Code: _____		
Date of Birth (yyyy-mm-dd): <u>1998-06-13</u>		
<b>Team Information - Trying out for</b>		
Position: <u>FWD</u>	Shoots: <u>R</u>	Height: <u>57"</u> Weight: <u>75 lbs</u>
Division: <u>MINOR PEEWEE</u>		
<b>Previous Team Information - Circle One</b>		
Team Name: <u>EG EAGLES</u>	Category: H/L AE <u>(A)</u> AA AAA	
Division: Minor or <u>(Major)</u> - Initiation - Novice - <u>(Atom)</u> - Pee wee - Bantam - Midget - Junior - Juvenile		
<b>Father Information</b>		
Name: <u>BILL SMITH</u>	Home #: <u>905-555-5555</u>	
Address (Blank if same as player): _____		
Work #: <u>416-555-5555</u>	Cell #: <u>647-555-5555</u>	E-mail: <u>JSMITH@HOTMAIL.COM</u>
<b>Mother Information</b>		
Name: <u>JANE SMITH</u>	Home #: <u>905-555-5555</u>	
Address (Blank if same as player): _____		
Work #: <u>905-555-5555</u>	Cell #: <u>905-555-5555</u>	E-mail: <u>JMSMITH@HOTMAIL.COM</u>
<b>Emergency Contact</b>		
Name: <u>JULIE SMITH</u>	Phone #: <u>905-555-5555</u>	
Address: <u>125 HUCKLEBERRY LANE SHARON ON</u>		
<b>Information</b>		
Member's Name (Print): <u>JOE SMITH</u>	is a resident of this	
Home Centre (Pls Print): <u>EAST GWILLIMBURY</u>	and will register in above home centre for the	
<u>2009 / 2010</u> season as soon as <u>EAST GWILLIMBURY</u>	Minor Hockey holds its registration.	
<b>Waiver: Please read carefully</b>		

I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, It's Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions. I understand that the York Simcoe Express Hockey Association Inc. will not be held responsible for any injuries while participating in league activities.

BILL SMITH  
Parent/Guardian's Name (print)  
Bill Smith  
Parent/Guardian's Signature

JOE SMITH  
Member's Name (Print)  
Joe Smith  
Member's Signature  
MARCH 16, 2009  
Date

**AURORA, BEETON, BRADFORD, EAST GWILLIMBURY, GEORGINA, NEWMARKET, SCHOMBERG, TOTTENHAM NEW TECUMSETH**

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.