

ROCHESTER ICE HAWKS

Jr. Hockey Try-Out Application

Complete all items- Print neatly

Personal Information

Name: Birthdate: Citizenship: US - other _____
Address: Parent/Guardian:
City/State/Zip: Home Phone:
Email Address: Player's Cell Phone:

USA Hockey Registration

2011-12 Individual Member Registration # (IMR): _____

(Register for the 11-12 season at usahockey.com 2010-11 registration is not valid for 2011-12 Jr Tryouts-)

Hockey Information * Goalies- Contact Coach Fatis prior to submitting Application

Height: Weight: Position: Shot: L/R

Last Team: Level/League

Have you ever played in any MJHL Game or signed a player agreement with any MJHL Team: No Yes:

If so please provide details-

Educational Status

High School: City/State:

Year of Graduation or Expected Date of Graduation:

HS GPA: SAT: Verbal () + Quant. () = Total or ACT:

If rostered what needs will you have?

Circle all that apply-

HS Enrollment; College Classes; Housing; Part Time Job; Other-

Consents, Agreements & Medical History

I. **CONDUCT-** I Have reviewed, understand, agree to abide by and support the current USA Hockey rules of play, personal conduct, and terms and conditions for membership. (available at www.usahockey.com)

II. **AUTHORIZATION FOR MEDICAL SERVICES & CONSENTS-** I hereby give consent to USA Hockey, its member teams and medical representative to obtain medical care from any licensed physician, hospital or clinic for the the athlete identified below, for any injury that could arise from participation in USA Hockey sanctioned events or member team sanctioned activities. I also give consent to USA Hockey, its member teams and to Ice Hawks personnel to provide housing, meals, and transportation of its choice when associated with authorized team travel.

III. **PROMOTIONS-** I hereby authorize USA Hockey and its member teams to utilize my / my child's name and/or photographic representation in the promotions of their programs.

IV. AUTHORIZATION FOR RELEASE OF EDUCATIONAL AND PERSONAL INFORMATION FOR SCOUTING PURPOSES-

I hereby authorize the release my / my child's educational information (provided above) and personal information for scouting purposes.

V. MEDICAL HISTORY & HEALTH INSURANCE

Emergency Contact Person: Relationship:
Daytime Phone: Evening Phone:
Physician's Name: Physician's Office Phone:
Insurance Plan: Policy Number: Group Number
Policy Holder' Name: Relationship to Player: Phone:

VI. MEDICAL HISTORY- If the answer to any of the following questions is or may be yes, please describe the problem and its implications for proper first aid treatment on a separate sheet of paper and attached to this form.

Have you had (or do you presently have) any of the following?

Head injury (concussion, skull fracture)	Yes	No	Fainting spells	Yes	No
Convulsions/epilepsy	Yes	No	Neck or back injury	Yes	No
Asthma	Yes	No	High blood pressure	Yes	No
Kidney problems	Yes	No	Hernia	Yes	No
Diabetes	Yes	No	Heart murmur	Yes	No
Allergies-specify:	Yes	No	Shoulder injury	Yes	No
Knee injury	Yes	No	Ankle injury	Yes	No
Finger injury	Yes	No	Arm injury	Yes	No
Other injury:	Yes	No	Impaired vision	Yes	No
Impaired hearing	Yes	No			

Have you had a recent tetanus booster? If so, when?

Are you currently taking any medications?

What?

Why?

Has a doctor placed any restrictions on your activity? Explain.

F) Signature(s)

I understand and agree to respect to the conditions as described in the Consents, Agreements section above for participation in MN ICE HAWKS & USA Hockey programs and certify that the health insurance and medical information provided is complete and accurate.

Player Signature:

Date:

Parent/Guardian Signature:

Date:

(If player is 17 years old or younger)

NOTE: Full face mask and mouth guard required during tryout

Circle Tryout Requested: All sessions at Rochester Recreation Center, Rochester, MN

June 24, 25 & 26 Tryout ** (Early Submission- Application/payment postmarked by June 14th)**

July 16 & 17 Tryout ** (Early Submission- Application/payment postmarked by July 6th)**

August 19, 20 & 21 Training Camp ** (Early Submission- Application/payment postmarked by August 9th)**

Early Submission Tryout Fee: \$120.00 (Check /Money Order payable to MN Ice Hawks)

After early submission or On-site (space available only) Registration Fee- \$135**
(Cash, Money Order or Credit Card only!)

Fees are not refundable!

Mail this Application and Your Check to:

ICE HAWKS
21 Elton Hills Dr. NW
Rochester, MN 56017

M. 'Doc' Fatis, Pres./GM

Cell: 507 358-3095 Fax: 866 212-3434

E-Mail: mfatis@mnicshawks.com

Nick Fatis, Head Coach/Asst. GM

Cell: 507 358-1995

E-Mail: nick@mnicshawks.com

Web: www.mnicshawks.com