

NEW JERSEY ROCKETS

2006-2007 SEASON TRYOUT APPLICATION

Name of Applicant _____ Date of Birth _____

Mailing Address _____

Phone No. (home) _____ (work) _____ (cellular) _____

Mother's Name _____ Father's Name _____

Social Security No. _____ E-mail _____

Please attach copies of player's birth certificate and USA Hockey Card to this application

2005-06 Team & Level _____ Position _____

2004-05 Team & Level _____ Position _____

2003-04 Team & Level _____ Position _____

2006-2007 TRYOUT LEVEL (Check One)

Mite 1998 _____ or younger	Squirt 1997 _____ 1996 _____	Peewee 1995 _____ 1994 _____	Bantam 1993 _____ 1992 _____	Midget 1991 _____ 1990 _____	Junior 1986-1989 Birthyear _____	GirlsU19 Birthyear _____ (see note)
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TRYOUT FEE IS NON-REFUNDABLE. A PRE-REGISTRATION FEE OF \$150 IS DUE NO LATER THAN MARCH 27th. FOR REGISTRATION RECEIVED AFTER MARCH 27th, A \$175 FEE APPLIES. MITE TRYOUT FEE IS \$50.00, GIRLS U19 TRYOUT FEE IS \$100 (Note: Girls U19 try-out will take place at Union Sports Arena)

MAKE CHECKS PAYABLE TO "NEW JERSEY ROCKETS" AND MAIL CHECK ALONG WITH COMPLETED APPLICATION TO:

NEW JERSEY ROCKETS
Post Office Box 126
Berkeley Heights, NJ 07922

DISCLAIMER

Name of participant _____. I hereby give my approval for the above named applicant to participate in the NEW JERSEY ROCKETS program. I understand that there are many risks inherent in and incidental to participation in the NEW JERSEY ROCKETS program, and I am willing to participate (or to permit the applicant, if different from the undersigned to participate) in the NEW JERSEY ROCKETS program. I assume all risks inherent in and incidental to such participation and I hereby release, absolve, indemnify and hold harmless New Jersey Rockets, Inc., its partners, officers, employees and staff, Bridgewater Sports Arena, L.P., its partners, officers, employees and staff, of any claim arising out of any injury to me (or the applicant, if different from the undersigned) requiring professional or para-professional medical attention. I hereby authorize and request New Jersey Rockets, Inc., its partners, officers, employees and staff, Bridgewater Sports Arena, L.P., its partners, officers, employees and staff to act on my behalf under prevailing circumstances in the event of any injury or in the event that I am not able to act for myself or cannot be reached.

Signature _____ Date _____
Parent or Legal Guardian

Print Name _____ Emergency Phone # _____
Parent or Legal Guardian