

# 2016-2017 Tryout Application

<b>Player's Name *</b>	<input type="text"/>	<input type="text"/>
	First	Last
<b>Date of Birth *</b>	<input type="text"/>	
<b>Parent's Name *</b>	<input type="text"/>	<input type="text"/>
	First	Last
<b>Email *</b>	<input type="text"/>	
<b>Address *</b>	<input type="text"/>	
<b>City *</b>	<input type="text"/>	
<b>State/ Zip *</b>	<input type="text"/>	<input type="text"/>
	State	Zip
<b>Telephone *</b>	<input type="text"/>	
<b>Hockey Information</b>		
<b>Position(s) *</b>	<input type="checkbox"/> Goalie <input type="checkbox"/> Defense <input type="checkbox"/> Forward	
<b>Level *</b> (Ex: Mite, Squirt, etc.)	<input type="text"/>	
<b>Height *</b>	<input type="text"/>	
<b>Current Team</b>	<input type="text"/>	
<b>Medical Information</b>		
<b>Personal Physician</b>	<input type="text"/>	
<b>Telephone</b>	<input type="text"/>	
<b>Billing Address</b>		
<b>Billing Address *</b>	<input type="text"/>	
<b>Billing City *</b>	<input type="text"/>	
<b>Billing State/ Zip *</b>	<input type="text"/>	<input type="text"/>
	State	Zip
<b>Payment</b>		
<b>Amount</b>	\$65.00	
<b>Payment Method *</b>	<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> Check <input type="radio"/> Cash             (Payable to North Shore Shamrocks, PO Box 997, Lynnfield, MA 01904)	
<b>Name on Card *</b>	<input type="text"/>	<input type="text"/>
	First	Last
<b>Card Number *</b>	<input type="text"/>	
<b>Expiration Date *</b>	<input type="text"/>	<input type="text"/>
<b>Waiver</b>		
<b>Release of Liability/ Acknowledgement of Risk</b>	I/ we acknowledge that ice hockey is a contact sport and there is a potential for injury. Participating or observing in the North Shore Shamrocks may constitute serious injury, including death and/ or permanent paralysis. I/ we fully understand the risk and release the North Shore Shamrocks, it's owners, event organizers, coaches, referees, affiliates, sponsors, and ice arena/ facilities from any liability (both financial and otherwise) that may be associated with participation or injury.	
<b>Signature *</b>	<input type="text"/>	