



CALIFORNIA NORTH STARS
2006 – 2007 TRY-OUT FORM

PLAYER REGISTRATION INFORMATION - (PLEASE PRINT OR TYPE)

LAST NAME _____

FIRST NAME _____

DOB ____/____/____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

CLUB HOCKEY TEAM PLAYED FOR IN 2005-06 _____

WAIVER

The parent/guardian of acknowledges and fully understand that each participant will be engaging in activities that involve risks of serious injury which might result from their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. In addition, that there may be other risks not known to CNS Hockey or its members or not reasonably foreseeable at this time. I assume all risks and hazards incidental to such participation, including transportation to and from the activity and do hereby release, waive, discharge, absolve, indemnify and agree to hold harmless, covenant not to sue, CNS Hockey, its affiliated corporations or partnerships, clubs, their respective administrators, directors, agents coaches and other employees of the organization, other participants, sponsors, and if applicable, owners and lessees, and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses and or damages on account of injury caused or alleged to be caused, in whole, or in part, by the negligence of the releasees or otherwise. I also give consent to administer first aid and emergency transportation to the nearest available medical facility. It is further understood, that my signing of this registration form indicates that I have read this registration form and fully agree with the statements contained within. I understand that I have given up substantial rights by signing it and sign it voluntarily.

PRINT PARENT NAME _____

SIGN PARENT NAME AND DATE _____

PLEASE CIRCLE THE LEVEL YOU ARE TRYING OUT FOR:

BANTAM	MIDGET	MIDGET
	MINOR	MAJOR
1992- 93	1990- 91	1988- 89

TRYOUT FEE:

\$150.00 (POSTMARKED BY JULY 15, 2006)

\$175.00 (AFTER JULY 15, 2006)

Please mail registration form with tryout fee to:

California North Stars, 5729 Northborough Dr., Sacramento, CA 95835

CALIFORNIA NORTH STARS, INC
SHANE HICKE (916)316.0077 CELL
ERNIE HICKE (916)812.2450 CELL
5729 NORTHBOROUGH DR. SACRAMENTO, CA 95835
(916) 928.0713 HOME/OFFICE/FAX