

Buckeyes Boys Hockey Try-out Registration



Student's Name (first / last):	
Date of Birth (mm/dd/yy):	Grade:
Street Address (including postal code)	
Preferred Position:	Shoots (L/R):
Last year's team (ex. MMC Buckeyes or AAA Sharks City Midget or Royals Bantam A1 etc):	
Primary Contact name:	Primary contact phone:
Primary Contact email (please print clearly)	
Other Contact name:	Other contact phone:
Primary Contact email (please print clearly)	
Medical issues that coaches should know about:	
Other hockey teams student is trying out for / sports student is currently playing:	

*** Please submit along with \$20.00 tryout fee (cheque made out to "Miles Mac) to Mr. Fritzsche before the first ice time. It can be dropped off in the office (Att. Mr. Fritzsche). There will be no releases before Sept. 24.