



PF CHANG'S TIER I HOCKEY PROGRAM

TRYOUT REGISTRATION 2008 – 2009

PLAYER NAME: _____

DATE OF BIRTH: _____ HT: _____ WT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ PLAYER'S CELL: _____

PLAYER'S E-MAIL: _____

07/08 TEAM: _____ POS: _____ SHOT: _____

COACH: _____ COACH'S PHONE: _____

HIGH SCHOOL: _____ GRADE: _____ GPA: _____

ACT/SAT SCORES: _____

FATHER'S NAME: _____ E-MAIL: _____

CELL PHONE: _____ WORK PHONE: _____

FAX: _____

MOTHER'S NAME: _____ E-MAIL: _____

CELL PHONE: _____ WORK PHONE: _____

FAX: _____

GOALS IN HOCKEY: _____

SCHOOLS YOU'RE INTERESTED IN: _____

TEAM THAT YOU WOULD LIKE TO BE CONSIDERED FOR: U18 U16 U14

TRYOUT DATES:

Bantam:

Fri. April 25th 6:15-7:15 PM Alltel
Sat. April 26th 9:00-11:00 AM Ozzie
Sat. April 26th 4:40-6:00 PM Alltel
Sun. April 27th 12:00-1:30 PM Alltel

Midget:

Sun. May 25th 11:30-3:30 PM Ozzie
Mon. May 26th 5:30-8:50 PM Alltel
Tues. May 27th 6:10-9:30 PM Alltel
Wed. May 28th 6:00-8:30 PM Alltel

FEES:

Tryouts:

A non-refundable tryout fee of \$80.00 is due and payable in full prior to the first session. All players are guaranteed a minimum of 3 tryout sessions.

Season Deposit:

Upon being notified of a player's selection to a team, a non-refundable deposit of \$1,000.00 is required to be made within 7 days. In addition, parents must sign and return the Season Payment Agreement.

The PF Chang's Tier I Hockey Program strictly adheres to a no pay, no play policy.

Parent/Guardian Signature: _____ Date: _____

CONSENT TO TREAT:

I certify that as a parent or Guardian of said participant, I give consent to obtain medical care from any licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation in any activities associated with the sanctioned PF Chang's Hockey Program.

Medical Insurance Company: _____ Policy#: _____

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY:

In consideration of being permitted to participate in hockey and skating activities, I understand and appreciate that the risk of serious personal injury is significant, including the potential for permanent paralysis and death and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue PF Chang's Hockey, Coyotes Ice LLC and/or Coyotes Amateur Hockey Association (CAHA), their boards of directors or officers/consultants, any of their affiliates, their promotional sponsors and advertisers and all their agents, volunteers and employees from any and all suits, claims and demands of any kind for personal injuries, property damage including, but not limited to, lost or stolen goods. By my child participating, "I Knowingly Assume Risks", both known and unknown. Further, I have read, understand and agree to the waiver of liability, release, and indemnity agreement as printed on the back of the USA hockey individual membership registration form and confirm that the absence of my signature on that form is due only to administrative facilitation of my child's registration.

Parent/Guardian Signature: _____ Date: _____

Mail the completed registration form, signed waivers and a check in the amount of \$80.00 to:

PF CHANG'S TIER I HOCKEY PROGRAM
P.O. Box 12013
Scottsdale, AZ 85267
Fax: 480-367-0771