



Indiana Youth Hockey Association 2009-2010 Player Tryout Form

PLEASE PRINT CLEARLY

PLAYER'S
NAME:

First

Middle

Last

DATE OF BIRTH: _____

STREET ADDRESS: _____

_____ () _____

City

State

Zip Code

Home Phone

MOTHER'S FIRST AND LAST NAME

FATHER'S FIRST AND LAST NAME

MOTHER'S E-MAIL ADDRESS

FATHER'S E-MAIL ADDRESS

PLAYER'S CLASSIFICATION FOR 2009-2010:

- Mite (Birth year 2001 & later)
- Squirt (Birth year 1999 & 2000)
- Pee wee (Birth year 1997 & 1998)
- Bantam (Birth year 1995 & 1996)
- Midget 16U (Birth year 1993 & 1994)
- Midget 18U (Birth year 1991 & 1992)
- Girls (Birth year 1995 & later)

Is the player a goalie? Yes No

Is the player currently registered with USA Hockey? Yes No

Signature of parent or guardian

Date

A \$25 tryout fee will be assessed for tryouts. This will be applied to the player's fees if the player is rostered on an IYHA team for the 2009-2010 season.

IYHA Use Only

Check # _____

Check Amount _____

Rec'd by _____

Rec'd date _____