



2010-2011 TRYOUTS APRIL 24-25TH

Hartford Jr. Wolfpack Hockey Organization

Atlantic Junior Hockey League Jr. A Tier III
Metropolitan Junior Hockey League Jr. B
Atlantic Youth Hockey League Midget U16

Player Info

Name: _____ DOB: _____
Street: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Parent's Names: _____
Social Security #: _____
Health Insurance: _____
Policy Number: _____

Academic Info

High School: _____
Grad Year: _____ Rank: _____ / _____ GPA: _____
SAT: _____ ACT: _____ TOEFL: _____

FOR MORE INFORMATION PLEASE CHECK OUT OUR WEBSITE:

WWW.JRWOLFPACK.COM

Hockey Info

Previous Team: _____ Level: _____
Previous Coach: _____ Coaches Phone: _____
Position: _____ Ht: _____ Wt: _____ Shot/Catch: _____

2009-10 Statistics

Forwards/Defenseman GP: _____ G: _____ A: _____ P: _____ PIM: _____ Goaltenders GP: _____ GAA: _____ S%: _____

Waiver

UPON ENTERING EVENTS SPONSORED BY THE HARTFORD JR. WOLFPACK, I/WE AGREE TO ABIDE BY THE RULES OF USA HOCKEY. I/WE UNDERSTAND THAT PARTICIPATION IN THE SPORT OF HOCKEY CONSTITUTES A RISK OF SERIOUS INJURY INCLUDING PARALYSIS OR DEATH. I/WE VOLUNTARILY AND KNOWINGLY RECOGNIZE AND ASSUME THE RISK AND RELEASE THE HARTFORD JR. WOLFPACK, CHAMPIONS ARENA AND ITS AFFILIATE ORGANIZERS FROM ANY LIABILITY THEREFORE.

Player Signature _____

Parent Signature (If under 18 years of age) _____

Date _____

Date _____

Try - Out Fee Information

Fee: **\$150.00** and is NON REFUNDABLE.

Please make checks payable to:

Hartford Jr. Wolfpack
6 Progress Dr.
Greenwich, CT 06030

Try - Out Player Information

- All players must mail in a copy of their USA Hockey Registration number along with application.
- Application and fee must be sent in prior to try-out date to guarantee participation.