



## Twin City Penguins Tryout Form

Player Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Position: \_\_\_\_\_

Current Team: \_\_\_\_\_ Level: A B Ban PW Squirt

Former AAA Teams: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parents Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Additional Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

### PARENT CONSENT FORM

I understand that Joe Dziedzic Hockey does not carry insurance on participants.

I expressly assume all risk of loss or injury and hereby release and agree to save, hold harmless and indemnify Joe Dziedzic Hockey including Joe Dziedzic and/or any staff, coaches and employees and the arena, its staff and employees from all liability for any injury or harm or damage I or my child may sustain while a participant.

The assumption is acknowledged, and approved by the signature hereto. I also agree to possess primary insurance that covers my child's activities in this league.

I have read the forgoing and agree to the terms and conditions and give my consent for my child to participate in Joe Dziedzic Hockey.

\_\_\_\_\_  
(parent/guardian signature) \_\_\_\_\_ Date \_\_\_\_\_