

FOR REGISTRAR USE ONLY

SHIRT COLOR: _____

SHIRT NUMBER: _____



PLAYER REGISTRATION TRYOUT FORM

Please complete the application and mail to:
Western Mass Blades/Springfield Pics
P.O. Box 238
West Springfield, MA 01090

Level: *(Choose One)*

- Mite with GSL* ('02 & Under) Mite Travel no GSL ('02 & Under) Squirt Minor with GSL* ('01) Squirt Minor Travel no GSL ('01)
- *(Mite and Squirt Minor teams in the Massachusetts Select League are required to play with a hometown program - GSL)*
- Squirt Major ('00) Pee wee Minor ('99) Pee wee Major ('98)
- Bantam Minor ('97) Bantam Major Half Season ('96) Bantam Major Full Year ('96)
- Midget U16** ('95/'94) Midget U18** ('93/'92)

** Both Midget U16 and U18 teams are Split-Season Teams

Position: *(Choose One)*

- Forward Defense Goal

Player Information:

Player Name: _____ This Year's Team: _____

Date of Birth: _____

Street: _____ City: _____ State: _____

Zip: _____

Phone: _____

E-Mail: _____

I/we understand that accident, health and personal insurance are not provided. I/we verify the above information to be true and give our child permission to participate in the Western Mass Blades/Springfield Pics Hockey. I/we the parents/guardians of the above named registrant in the Western Mass Blades/Springfield Pics Program, hereby give permission for the registrant to participate in any and all activities during the 2010-11 season. I/we hereby waive, release, absolve, indemnify and agree to hold blameless the Western Mass Blades/Springfield Pics Hockey, its organizers, sponsors, supervisors, participants and persons transporting my/our registrant to and from activities and any claims arising from an injury to my/our registrant. I/we assume all risks and hazards incidental to such activities and participation. I/we will furnish a birth certificate upon request of the League. I further give permission for the above applicant's name to be posted on the Western Mass Blades/Springfield Pics website at www.springfieldjrpics.com or www.wmassblades.org if selected for additional tryouts or the team.

Parent/Guardian Information:

Name: _____ Day Phone: _____

Evening Phone: _____

Street: _____ City: _____ State: _____

Zip: _____

E-Mail: _____

Parent/Guardian Signature: _____ Date: _____

**Tryout Registration Fee: \$75 if received 2-days prior to first tryout,
\$85 day of tryouts** *(Mite and Squirt Minor GSL teams tryout fee waived)*

Please make checks payable to: Western Mass Blades/Springfield Pics