



2022/2023  
TRYOUT REGISTRRTION FORM

Name as printed on birth certificate \_\_\_\_\_  
Home phone # \_\_\_\_\_  
DOB \_\_\_ - \_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Current grade \_\_\_\_\_  
Position (circle one) F D G                      Years at circled position \_\_\_\_\_  
Last team played on \_\_\_\_\_ Shot (circle one) L R

Parent's Names \_\_\_\_\_  
Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_  
Parent's Email \_\_\_\_\_

Player's Cell# \_\_\_\_\_  
Player's Email \_\_\_\_\_

**To be filled out at tryouts:**

Jersey Color \_\_\_\_\_ Jersey # \_\_\_\_\_

Registration form:

\$50 Tryout fee:

MHSAA physical form:

**PLAYERS MUST WEAR FULL HOCKEY GEAR TO PARTICIPATE IN  
TRYOUTS**