

**Boston Advantage Tryout Registration Form**

*Please complete all information!*

**Player Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Player's Age:** \_\_\_\_\_

**Email (one you check):** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**09-10 Team:** \_\_\_\_\_ **Stats** \_\_\_\_gp \_\_\_\_g \_\_\_\_a

**Position Trying out for:** \_\_\_\_\_ **Stats** \_\_\_\_gp \_\_\_\_gaa \_\_\_\_sv%

Forward \_\_\_\_ Defense \_\_\_\_ Goalie \_\_\_\_ **Shoot** Left \_\_\_\_ Right \_\_\_\_

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**Team Trying out for:**

04/05 \_\_\_\_ 2003 \_\_\_\_ 2002 \_\_\_\_ 2001 \_\_\_\_ 2000 \_\_\_\_ 1999 \_\_\_\_

1998 \_\_\_\_ 1997 \_\_\_\_ U14 Full (96/97) \_\_\_\_ U14 Split (96/97) \_\_\_\_

U16 Split \_\_\_\_ U18 Split \_\_\_\_ U14 Full (women) \_\_\_\_ U16 Split (women) \_\_\_\_

Tier I Elite Hockey League's Midget Major/U18 \_\_\_\_ Midget Minor/U16 \_\_\_\_

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**Waiver:** I certify that the above named applicant is fully covered by a certified health insurance plan and the Lovell's Hockey Schools, Inc, Boston Advantage and the Staff are not responsible or liable for any injury suffered by the applicant during participation at tryouts. I also state that the applicant is in excellent health and is able to participate in the physical activity of a vigorous program. Lovell's Hockey Schools, Inc. and the Boston Advantage reserves the right to accept only the players they conclude meet the standards established by the coaching personnel.

Parents/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tryout Registration Fee is payable to Boston Advantage and mailed to 305 Prospect Street Norwood MA 02062. Players will not be allowed to tryout unless form has been complete and fee has been paid.**