



2020-2021 Sharks Elite Hockey Club Tryout Form

I/WE, THE PARENT/GUARDIAN(S), HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD, _____, FOR HIS/HER PARTICIPATION IN THE SHARKS ELITE HOCKEY CLUB, AND IF SELECTED, FOR ALL TEAM ACTIVITIES, AND DO CLAIM THAT HE/SHE IS IN PERFECT PHYSICAL CONDITION TO PARTICIPATE IN SAID ACTIVITY(S). FURTHERMORE, I/WE, THE PARENT/GUARDIAN(S) OF THE ABOVE-NAMED CANDIDATE FOR A POSITION ON A TEAM HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ORGANIZATION ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. AND I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SHARKS ELITE HOCKEY CLUB THE ORGANIZERS, COACHES, ADMINISTRATORS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR SON/DAUGHTER TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO MY/OUR SON/DAUGHTER, OR MYSELF, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE. I/WE ACKNOWLEDGE THAT AS PER LIAHL RULES OUR SON/DAUGHTER MAY ONLY TRYOUT FOR ONE TEAM AT A TIME. IF SELECTED, THE PLAYER WILL BE ROSTERED & COMMITTED TO THE SHARKS ELITE HOCKEY CLUB FOR THE 2020-2021 HOCKEY SEASON. I/WE THE PARENT/GUARDIAN(S) AGREES AND UNDERSTANDS THAT THIS IS AN ACCEPTANCE OF A ROSTER POSITION WHICH MAY BE OFFERED AT THE CONCLUSION OF THE TRYOUT AND A FIRM COMMITMENT FOR THE 2020-2021 SEASON, IF SELECTED. DETAILS OF A PLAYER/PARENT CONTRACT HAVE BEEN MADE AVAILABLE. I/WE, THE PARENT/GUARDIAN(S), ACKNOWLEDGE THAT I/WE ARE AWARE AND AGREE TO THE TUITION EXPENSE AND THE TEAM TIME COMMITMENT ASSOCIATED WITH PARTICIPATION FOR THE 2020-2021 SEASON.

SIGNATURE: _____ DATE _____

PARENTS NAMES: _____

ADDRESS _____ CITY/STATE/ZIP: _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS: _____

NOTIFICATION WILL BE DONE BY E-MAIL. PLEASE BE SURE YOUR E-MAIL IS LEGIBLE

PLAYER NAME: _____ DATE OF BIRTH: _____

LAST SEASON TEAM: _____ TIER OR LEVEL: _____ RELEASE INCLUDED _____

POSITION (CHECK ONE): FORWARD _____ DEFENSE _____ GOALIE _____

AS PER LIAHL RULES: An approved release allows the individual to try out for any one team during their tryout period. The release form shall be kept by the organization and not returned unless the player is either cut from the team or after the first tryout the player feels he/she is not capable of landing a spot on that team.

14U-18U Tryout Fees \$115

12U Tryout Fees \$90

10U Tryout Fees \$60

8U Tryout Fees \$50

(CHECKS MADE PAYABLE TO "LONG ISLAND SHARKS ELITE HOCKEY CLUB")

Please complete and mail this application with payment and original release (where applicable) to:

SHARKS ELITE HOCKEY CLUB
55 HAMILTON AVENUE
OYSTER BAY, NY 11771

**NEW YORK STATE AMATEUR HOCKEY
ASSOCIATION, INC.
PLAYER/ASSOCIATION COMMITMENT FORM**

INSTRUCTIONS FOR USE:

1. Player/Parent and Association must complete all parts of this form prior to participating with the association, with the exception of tryouts.
2. Both the Player/Parent and the Association shall keep signed copies.
3. After this form is signed by both the Player/Parent and Association, no movement to another association will be allowed until the conclusion of the appropriate State or National Tournaments unless there are extenuating circumstances. A request to be released after this form is signed by all parties and prior to the conclusion of the appropriate State or National Tournaments must be submitted to and approved by the appropriate Section President.

PART 1 – To be completed by Player/Parent.

Player's Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____

I/we agree that the above named player will be registered and participate on the _____ team
of the (name of association) Long Island Sharks Elite Hockey Club for the 2020-2021 season.

Signature of Player or Parent (If under 18 years of age)

Date

PART 2 – To be completed by the Association's Team Coach.

I, _____, Coach hereby agree that the
above named player will be registered, and participate on my _____ team
for the 2020-2021 season.

Coach's Signature

Date

PART 3 – To be completed by the Association President.

On behalf of, and at the direction of the Board of Directors of the Long Island Sharks Elite Hockey Club
Association, I, George M. Chalos, President, do
hereby agree that the above named player will be registered, and participate on our _____
team for the 2020-2021 season.

President's Signature

Date
