



BLIND RIVER BEAVERS JUNIOR A HOCKEY CLUB

Try-Out Application

PLAYER INFORMATION

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Parents Names: _____ Phone: _____

HOCKEY INFORMATION

Former Team/Level: _____ General Manager: _____

Manager Phone: _____ Manager Email: _____

Position: W C G D Height: _____

Hand: R L Weight: _____

Previous Medical Injuries / Concussions:

DISCLAIMER/SIGNATURE

I certify that I have permission from my former team to attend these tryout sessions with the Blind River Beavers Junior A Hockey Club

Signature: _____ Date: _____

Please E-Mail all forms to Head Coach Kyle Brick to reserve your spot:
kyle_brick@hotmail.com