



**2010-2011
NORTHERN CYCLONES
MIDGET TRYOUTS
APRIL 11-14, 2010**

Level: Midget U16 Midget U18

Player Information

Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____

Phone: (____) _____ - _____ E-Mail: _____

Last Team Played For: _____ Position: _____

Parent/Guardian Information

Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____

E-Mail: _____

I confirm that the above information is true, and I give my child permission to participate in the Northern Cyclones midget hockey program for the 2010-2011 season. I, the parent/guardian of the above named registrant in the Northern Cyclones program, hereby give permission for my child to participate in any and all activities during the 2010-2011 hockey season. I hereby agree to hold blameless the Northern Cyclones, its coaches, employees, participants and persons transporting above registrant to and from activities and any claims arising from an injury to this registrant. I assume all risks and hazards incidental to such activities and participation, and I will furnish a birth certificate upon request of the League.

Parent/Guardian Signature: _____ Date: ____/____/____

Tryout Fees
(Non-Refundable)

Pre-Registered.....\$35
Walk-Ons.....\$50

*Please send application and
registration payment to:*

TSD Hockey Group, LLC
20 Constitution Drive
Hudson, NH 03051

(Checks only, please)

Make checks payable to:

TSD Hockey Group, LLC