TRYOUT REGISTRATION 2026-27

PAYMENT METHOD: *Circle one of the following:*	CASH	CHECK	CREDIT CARD
PAYMENT AMOUNT:	$		
CC Type:	Visa Amex MasterCard		
Name on Card:			
CC #:		Exp:	

LEVEL:

- ☐ Mite Development Program (2018-21)
- ☐ 2019 Mite Minor
- ☐ 2018 Mite Major
- ☐ 2017 Squirt Minor
- ☐ 2016 Squirt Major
- ☐ 2015 Peewee Minor
- ☐ 2014 Peewee Major
- ☐ 2013 Bantam Minor
- ☐ U14 Bantam Major – FULL SEASON (2012)
- ☐ U15 Midget (2011)
- ☐ U14 Bantam Major – SPLIT SEASON (2012)
- ☐ U16 Midget (2010-11)
- ☐ U18 Midget (2008-09)

Player Information:

Name: _____ DOB: _____

Current Team: _____

Shoots: ☐ Left ☐ Right

Position: ☐ Forward ☐ Defense ☐ Goaltender

Parent/Guardian Information:

Parent(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

Email(1): _____

Email(2): _____

Registration Fees: (Non Refundable)
Mites: FREE
Squirts – Midgets: $75

Release of Liability/Acknowledgement of Risk

I/We the parent/guardians of the above-named tryout candidate of the Greater Boston Vipers, LLC. hereby gives my/our approval to his /her participation in any and all activities related to the Greater Boston Vipers, LLC. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Greater Boston Vipers, LLC. and any and all of it's agents, including without limitations its assignees, the organizers, supervisors, participants for any and all related claims to said activities. In addition, I/We verify that the above-named skater is in good health.

Parent/Guardian Signature: _____ Date: _____

Please mail the completed tryout registration and payment to: Greater Boston Vipers, LLC, PO BOX 5295 Salisbury, MA 01952

GREATER BOSTON VIPERS, LLC.
PO BOX 5295
SALISBURY, MA 01952

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