



# Greater Boston Vipers 2019-20 Tryout Registration

For Internal Use:

Amt Paid:				Cash
				Check
				Credit Card
CC Type:	Visa	Amex	Discover	MasterCard
Name on Card:				
CC #:			Exp:	

## Level:

- |   |  |
|---|--|
| <input type="checkbox"/> 11-14 Mite Development | <input type="checkbox"/> 11 Mite Major         |
| <input type="checkbox"/> 12 Mite Minor          | <input type="checkbox"/> 09 Squirt Major       |
| <input type="checkbox"/> 10 Squirt Minor        | <input type="checkbox"/> 07 Peewee Major       |
| <input type="checkbox"/> 08 Peewee Minor        | <input type="checkbox"/> U14 (05) Bantam Major |
| <input type="checkbox"/> 06 Bantam Minor        | <input type="checkbox"/> U16 Midget            |
| <input type="checkbox"/> U15 (04) Midget        |  |
| <input type="checkbox"/> U18 Midget             |  |

## 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. I understand that I must pay the required entire player tuition for the 2018-19 season on or before August 1, 2019 for my child to continue to participate in the team activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this completed tryout registration and payment to: Greater Boston Vipers, LLC

Greater Boston Vipers, LLC.  
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