

Ottawa Senator's AAA Hockey Association – 2011 Spring Tryout Registration Form
2011-2012 Hockey Season

PLEASE DO NOT RETURN THIS REGISTRATION FORM TO YOUR HOME ASSOCIATION

Player's Family Name: _____	Given Names: _____
Player's Email Address: _____	Home Phone Number: (____) _____
Player's Home Address: _____	Date of Birth (DD/MM/YY): _____
City: _____	School Attending 2011/12: _____
Postal Code: _____	Position: _____ Shoots: Left _____ Right _____
Home Minor Hockey Association: _____	Returning Player: Yes _____ No _____
	Require New Jerseys: Yes _____ No _____
1 st Parent/Guardian: Last Name: _____	First Name: _____ Email: _____
Home Phone Number: (____) _____	Work Phone Number: (____) _____
2 nd Parent/Guardian: Last Name: _____	First Name: _____ Email: _____
Home Phone Number: (____) _____	Work Phone Number: (____) _____

Residency: Please note, new and stricter criteria is being used across the ODMHA and players changing home association or having changed home association in past years will be viewed in detail and should be prepared to provide residency under the new criteria. Questions should be addressed to the home association and/or District Registrar.

Please provide a cheque for \$160.00 payable to **Ottawa Senators AAA Hockey Association** with this form. This fee entitles the player to attend a minimum of 2 tryout sessions and keep tryout jerseys and socks. Withdrawal from tryouts at any time prior to the first tryout session will be subject to a \$35.00 service fee.

Note: 25 players will be identified from the spring tryouts at each tryout level and invited to participate in our Summer Skills Sessions with their respective coaches. See the website for times and dates.

Note: The cost to players who participate in April tryouts for the August final tryout selection will be \$75. For those players who do not participate in April Tryouts (for approved reasons) the fee will be \$235. The website will be updated with final selection tryout dates scheduled for August.

Mail Registration Form with cheque to: Ottawa Senators AAA Hockey Association
Registration due April 12, 2011
c/o Registrar
6 Antares Dr., Phase 2, Suite 205
Nepean, Ontario K2E 8A9

CHECK OUT OUR WEBSITE FOR FURTHER UPDATES AND SCHEDULES: <http://www.ottawasenatorsaaa.com/>

WAIVER

I hereby agree to permit my child/ward to play hockey on a team sponsored by the Ottawa Senators AAA Hockey Association. I agree not to hold said Club, their agents, or team and league officials responsible for any injury, illness or accident sustained by child/ward, before, during, or after any hockey event attended by my child/ward or traveling to and from any hockey event sanctioned by said Club and or their agents and or any team or league officials. My child/ward and I agree to abide by all rules, regulations and decisions of the Club, its agents, and/or team or league officials. All equipment supplied by the Club shall be returned in good condition at season end. Any equipment not returned, shall be the responsibility of the parent/guardian and subject to replacement at Club cost price.

Signature of Parent/Guardian:
Date: _____

Signature of Player:
Date: _____

Player's Name: _____ Date: _____

This is your official receipt in recognition of the \$160.00 paid to the Ottawa Senators AAA Hockey Association. Tryouts to be held at the Bell Sensplex, Kanata, ON. Should you have any questions please check our website or contact:

Mark Boettcher– Try-Out Coordinator at equipmentmanager@ottawasenatorsaaa.com

OSAAHA Registrar: _____