



Try Out Application

PLAYER INFORMATION

| | | | |
|----------------|---------------|---------------------|------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | DOB |
| STREET ADDRESS | | | APT/UNIT # |
| CITY | PROV/STATE | POSTAL/ZIP CODE | |
| PHONE NUMBER | EMAIL ADDRESS | | |
| PARENT NAME(S) | | PARENT PHONE NUMBER | |

HOCKEY INFORMATION

| | | | | | | |
|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|-------|
| POSITION: | W <input type="radio"/> | C <input type="radio"/> | G <input type="radio"/> | D <input type="radio"/> | FORMER TEAM/LEVEL: | _____ |
| HAND: | R <input type="radio"/> | L <input type="radio"/> | GENERAL MANAGER: | _____ | | |
| HEIGHT: | _____ | MANAGER PHONE: | _____ | | | |
| WEIGHT: | _____ | MANAGER EMAIL : | _____ | | | |
| PREVIOUS INJURIES/CONCUSSIONS: | | | | | | |

DISCLAIMER/SIGNATURE

I certify that I have permission from my former team to attend these tryout sessions with the Kirkland Lake Goldminers Junior A Hockey Club.

SIGNATURE

DATE

PLEASE EMAIL ALL FORMS TO HEAD COACH KYLE SMART TO RESERVE YOUR SPOT:
ksmart12@hotmail.com