



NEW YORK STATE AMATEUR HOCKEY ASSOCIATION

BOYS SELECT 17 (birthyear 2009) SPRING FESTIVAL TRYOUT

May 8 & 9, 2026

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ HEIGHT: ___' ___"

_____ WEIGHT: _____ lbs.

MEDICAL RELEASE:

I hereby grant permission, in case of injury, to have an athletic trainer and/or doctor provide me with medical assistance and/or treatment.

Signature: _____ Date _____

Being under 18 years of age, a parent or guardian must provide consent for you to be given medical assistance and/or treatment by signing immediately below:

Signature of Parent or Guardian: _____

If any health insurance company covers this athlete, please complete the following:

Name of Carrier: _____

Address _____

Policy Number _____

LIABILITY WAIVER:

In exchange for the privilege of participating in the USA Hockey & NYSAHA programs, I and my family agree to waive any legal claim against USA Hockey and those associated with USA Hockey, as well as the New York State Amateur Hockey Association, it's volunteers & personnel and the NYS Olympic Regional Development Authority, it's volunteers & personnel if I am injured or become ill (including death) while participating at the 2026 NYSAHA Spring (May) Festival evaluation tryout.

By signing this release, I affirm that I am in good physical condition, and that I am not being treated by any physician for disease or injury. I also affirm that I am not aware of any disease or injury that could result in my being injured (including death) during any program participation. I also acknowledge that I am responsible for notifying the tryout supervisors if I become injured or ill after I sign this document and before or during the scheduled tryout.

PARENT or GUARDIAN MUST ALSO SIGN THIS RELEASE

Signature of Athlete _____ Date _____

Signature of Parent/Guardian _____