



Tryout Registration 2019 – 2020 Season

Choose a Division:

- ☐ SQUIRT (U10) ☐ PEEWEE (U12) ☐ BANTAM (U14) ☐ MIDGETS
☐ U12 GIRLS ☐ U14 GIRLS ☐ U16 GIRLS ☐

Player Name: _____ Date of Birth: ____/____/____

Recent Team: _____ (If non-Gladiators team, please attach waiver)

Position: ☐ Forward ☐ Defense ☐ Goalie

Parent Name(s): _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Alternate Email: _____

Tryout Fee:

Girls and Midgets \$40 (\$70 at door)
Squirts, Peewees and Bantams - \$50 (\$80 at door)

Check can be made out and mailed with this form to:
Maine Gladiators
PO Box 7265
Lewiston, Maine 04243

Maine Gladiator Tryout Medical Consent

I realize that Maine Gladiators, its Board and staff may have to act in a medical emergency concerning my child and that they have my permission to do so.

Maine Gladiator Tryout WAIVER

Parents and Player understand the risks inherent in the participation in the game of hockey. Parents and Players acknowledge and assume all risk, present or future, relating to or arising from their participation in the Tryout. Parents, individually and behalf of the player release, indemnify and hold harmless, the Maine Gladiators, its principals, agents, and representatives (individually and collectively the "Releasees") from any and all liability, loss, or damage, (including, but not limited to, attorneys' fees and costs) whether caused by the Releasees' negligence, action, omission to act, or otherwise, and waives any and all claims, or demands of any kind or nature whatsoever against the Releasees arising from or relating in any way, directly or indirectly, to the Player's voluntary participation in the Tryout.

CANCELLATION POLICY:

There will be no refunds or credits for cancellation for any reason, medical or otherwise.

Prior to trying out, all assessments owed to current organization must be paid in full.

Parent/Guardian Signature _____ Date _____