2009 Beantown SUMMER Classic Hockey-Tryout Application

1) Fill out completely 2) Mail, with payment, to Beantown Classic P.O. Box 2100—Framingham, MA—01703-2100

Tryout Location: (circle one)

Burlington, VT $225 (Aug 1-2), Wayne, NJ $225 (August 8-9), or Marlboro, MA $210 (August 7-9)

Name: _____ Birth date: _____/_____/_____

Address: _____ City: _____ State: _____ Zip Code _____

Home phone: _____ Work phone: _____ Fax: _____

School: _____ Grade: _____ Parents names: _____

Email addresses: **IMPORTANT** (Please print clearly, we use these to send confirmations, updates, etc.)

Contact email: _____

Hockey

Goalies Glove: Left or Right (circle one)

Position(s): _____ Height: _____ Weight: _____ Shot: Left or Right (circle one)

Year	Team	# Games	Goals/Saves	Assists/GAA	Points/Save%	Penalty Minutes/Shut outs
_____	_____	_____	_____	_____	_____	_____

Release and Indemnity Agreement: I, parent of the above-named player, acknowledge that ice hockey is a contact sport and sometimes a dangerous activity that can result in physical injury or other damages. I AGREE that Beantown Classic, its' officers, agents, servants, employees, coaches, scouts, volunteers and sponsors shall not be liable to me or the above-named player for any injury or damage resulting directly or indirectly from any participation with the Beantown Classic. In consideration of the Beantown Classic accepting the above-named player, the undersigned hereby acknowledges and agrees that, to the fullest extent of the law, the undersigned will defend, indemnify, discharge, and hold harmless the Beantown Classic, and any of their officers, directors, employees, agents, affiliated organizations, subsidiaries, sponsors, and partners, from and against all claims, damages, judgments, liabilities, losses, and expenses, including attorney's fees, for any injuries or damages arising out of or resulting from the above-named player's participation in any way with the Beantown Classic, including without limitation any injuries or damages incurred. During travel or travel related functions to or from any and all organization/team functions. I UNDERSTAND that this agreement shall bind my heirs, legal representatives and all assigns and shall inure to the benefit of Beantown Classic, its' officer, agents, servants, employees, volunteers and sponsors, and their successors and assigns. IT IS FURTHER AGREED that Boston Junior Bruins does not and shall not be considered to guarantee or warrantee equipment as may be used in the conducting of said activity. Beantown Classic reserves the right to use any pictures taken during the activity for promotional or instructional purposes without compensation. **Consent for Medical Treatment of A Minor:** As parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve life, limb, or well being of the above-named player. **NOTE: NO REFUND POLICY**

_____ _____ _____ _____

Player Signature Date Parent Signature Date

For credit card payments only: check if billing address is same as above address listed

I,_____authorize the Beantown Classic to charge my MC/Visa (circle one)

in the amount of $_____ (+ .03% service charge) for _____.

_____ _____ _____

Signature of card holder Today's date Email to send authorization

Name as it appears on card Credit Card # Expiration Date:

_____ ___/___/___/___/-___/___/___/___/-___/___/___/___/ -___/___/___/___ ____/____

Billing address : _____

_____

www.beantownclassic.com

P.O. Box 2100
Framingham, MA 01703-2100
(phone) 508.820.1600 *(fax)* 508.820.1643