TRYOUT APPLICATION

NAU ICE JACKS HOCKEY CLUB

DATE _____

NAME: _____ _____ _____
(Last) (First) (M.I.)

AGE: _____ PHONE NO(S): (_____) _____
(_____) _____

ADDRESS:
STREET _____
CITY _____
STATE _____ ZIP CODE _____

PROOF OF PERSONAL MEDICAL COVERAGE:
NAME OF INSURED (SUBSCRIBER) _____
RELATIONSHIP TO PLAYER) _____
GROUP NUMBER) _____
MEMBER I.D./NUMBER) _____
NAME OF INSURANCE CARRIER) _____
CARRIER'S ADDRESS/CITY/STATE _____

CURRENTLY ENROLLED AT NAU (MINIMUM 12 CREDITS): YES _____ NO _____

YEAR AT NAU (FALL SEMESTER) – CHECK ONE:
FRESHMAN _____ SOPHOMORE _____
JUNIOR _____ SENIOR _____
OTHER _____

POSITION:
WING _____ CENTER _____ DEFENSE _____

SHOOT:
LEFT _____ RIGHT _____

DISCLAIMER/RELEASE OF LIABILITY FROM NAU ICE JACKS HOCKEY CLUB:
I acknowledge that by trying out for the Ice Jacks Hockey Club that injuries might occur. I agree to release the Ice Jacks Hockey Club from any liability from injuries incurred in tryouts or any other issues that might occur.

Signed, _____

_____
(print name)