



LONG BEACH SHARKS

LONG ISLAND'S ONLY NA3HL JUNIOR HOCKEY ORGANIZATION

2018-2019 TRYOUT SCHEDULE

****ALL TRYOUTS AT LONG BEACH ICE ARENA****

Saturday, May 5th	3:30 p.m. – 5:00 p.m.
Sunday, May 6th	10:30 a.m. – 12:00 p.m.

Tryout Fee: \$150

All Checks Payable to “Sharks Junior Hockey Club, LLC”

**Please mail the completed Tryout Information Form (See Reverse)
and payment to:**

**Sharks Junior Hockey Club
55 Hamilton Avenue
Oyster Bay, NY 11771**

Questions? E-mail us at gmc@sharksjrhockey.com





2018-2019 Long Beach Sharks Tryout Form

I/WE, THE PARENT/GUARDIAN(S)/PLAYER (IF OVER THE AGE OF EIGHTEEN (18)), HEREBY GIVE MY/OUR CONSENT FOR, _____, PARTICIPATION IN THE LONG BEACH SHARKS TRYOUT, AND IF SELECTED, FOR ALL TEAM ACTIVITIES, AND DO CLAIM THAT HE/SHE IS IN PERFECT PHYSICAL CONDITION TO PARTICIPATE IN SAID ACTIVITY(S). FURTHERMORE, I/WE, THE PARENT/GUARDIAN(S)/PLAYER OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A TEAM HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ORGANIZATION ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. AND I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LONG BEACH SHARKS, THE SHARKS JUNIOR HOCKEY CLUB, THE ORGANIZERS, COACHES, ADMINISTRATORS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR SON/DAUGHTER TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO MY/OUR SON/DAUGHTER, OR MYSELF, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE. IF SELECTED, THE PLAYER WILL BE ROSTERED & COMMITTED TO THE LONG BEACH SHARKS FOR THE 2018-2019 HOCKEY SEASON. I/WE THE PARENT/GUARDIAN(S)/PLAYER AGREES AND UNDERSTANDS THAT THIS IS AN ACCEPTANCE OF A ROSTER POSITION WHICH MAY BE OFFERED AT THE CONCLUSION OF THE TRYOUT AND A FIRM COMMITMENT FOR THE 2018-2019 SEASON, IF SELECTED. DETAILS OF A PLAYER/PARENT CONTRACT HAVE BEEN MADE AVAILABLE. I/WE, THE PARENT/GUARDIAN(S)/PLAYER, ACKNOWLEDGE THAT I/WE ARE AWARE AND AGREE TO THE TUITION EXPENSE AND THE TEAM TIME COMMITMENT ASSOCIATED WITH PARTICIPATION FOR THE 2018-2019 SEASON.

SIGNATURE OF PARENT/PLAYER: _____ DATE _____

PLAYER NAME: _____ DATE OF BIRTH: _____

PARENTS NAMES: _____

ADDRESS _____ CITY/STATE/ZIP: _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS: _____

NOTIFICATION WILL BE DONE BY E-MAIL. PLEASE BE SURE YOUR E-MAIL IS LEGIBLE

HIGH SCHOOL: _____ DATE OF GRADUATION: _____

PREVIOUS SEASON TEAM: _____ TIER OR LEVEL: _____ LEAGUE: _____

POSITION (CHECK ONE): FORWARD _____ DEFENSE _____ GOALIE _____ SHOOTS: LEFT _____ RIGHT _____

TRYOUT FEES: \$150

(CHECKS MADE PAYABLE TO SHARKS JUNIOR HOCKEY CLUB, LLC)

Please complete and mail this application with payment to:

SHARKS JUNIOR HOCKEY CLUB, LLC

55 HAMILTON AVENUE

OYSTER BAY, NY 11771