

2008-09 DEPAUL UNIVERSITY HOCKEY CLUB

TRY-OUT / PLAYER APPLICATION

DATE _____ DATE OF BIRTH: _____

NAME: _____

AGE: _____ PHONE NO: (_____) _____

CELL: (_____) _____

STREET ADDRESS: _____

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 DEPAUL: YES _____ or
NO _____ (if No what Jr. College) _____

YEAR AT DEPAUL (FALL SEMESTER) – CHECK ONE:

FRESHMAN _____ SOPHOMORE _____ JUNIOR _____ SENIOR _____

OTHER _____

POSITION:

WING _____ CENTER _____ DEFENSE _____ GOALIE _____

SHOOT:

LEFT _____ RIGHT _____

DISCLAIMER/RELEASE OF LIABILITY FROM DEPAUL HOCKEY CLUB:

I acknowledge that by trying out for the DePaul Hockey Club that injury might occur. I agree to release DePaul Hockey Club from any liability from injuries incurred in tryouts, practice, games or any other issues that might occur.

Signature: _____