

Player Name	Tryout #	1	2	3
Date of Birth	paid			
Team (circle) U11, U13, U15 or U18 Position	Tryout Jersey #			

<p>Did you play in an association (other than GGHA) last year? If so name of Association:</p> <p>_____</p>		
<p>Have you provided a permission to skate form?</p>	<p>Y</p>	<p>N</p>
<p>Do you have any medical conditions the coaches need to be aware of during the try out?</p> <p>_____</p>		

Parents Name _____ Phone Number _____

Parents Name _____ Phone Number _____

Address _____

City/Town _____ Postal Code _____

Parent / Family Email Address: _____

Player Email Address: _____

Emergency Contact _____ Phone Number _____

_____ If your daughter is not selected for the rep team you will be notified by the email provided above.
Initial The coach may decide to give letters or speak with you directly.

Initial	<p>If you daughter is selected for the rep team you will abide by the following costs, dates & guidelines:</p> <ul style="list-style-type: none"> - GGHA registration fees of \$575.00 will need to be paid on line by September 7th, 2021. - Each Rep team will have additional costs and budget for which each player will have their share.
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Your GGHA Executive Team