



**NEW YORK STATE AMATEUR HOCKEY ASSOCIATION**

**BOYS SELECT 16 (birthyear 2010) SPRING FESTIVAL TRYOUT**

**May 8 & 9, 2026**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HEIGHT: \_\_\_' \_\_\_"

\_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs.

**MEDICAL RELEASE:**

I hereby grant permission, in case of injury, to have an athletic trainer and/or doctor provide me with medical assistance and/or treatment.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Being under 18 years of age, a parent or guardian must provide consent for you to be given medical assistance and/or treatment by signing immediately below:

Signature of Parent or Guardian: \_\_\_\_\_

If any health insurance company covers this athlete, please complete the following:

Name of Carrier: \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

**LIABILITY WAIVER:**

In exchange for the privilege of participating in the USA Hockey & NYSAHA programs, I and my family agree to waive any legal claim against USA Hockey and those associated with USA Hockey, as well as the New York State Amateur Hockey Association, it's volunteers & personnel and the NYS Olympic Regional Development Authority, it's volunteers & personnel if I am injured or become ill (including death) while participating at the 2026 NYSAHA Spring (May) Festival evaluation tryout.

By signing this release, I affirm that I am in good physical condition, and that I am not being treated by any physician for disease or injury. I also affirm that I am not aware of any disease or injury that could result in my being injured (including death) during any program participation. I also acknowledge that I am responsible for notifying the tryout supervisors if I become injured or ill after I sign this document and before or during the scheduled tryout.

PARENT or GUARDIAN MUST ALSO SIGN THIS RELEASE

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_