TRYOUT REGISTRATION 2025-26

	PAYMENT METHOD: Circle one of the following:				CASH	1	CHECK	CREDIT C	ARD		
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1	CC Type:	Visa	a Amex	Amex MasterCard							
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Con 1	□ 2012 Ba	antam	n Minor			U14 E	Bantam M	ajor – FULL S	SEASON	I (2011)	
30	🗆 🛛 U15 Mi	dget ((2010)			U14 Bantam Major – SPLIT SEAS				N (2011)	
		-	(2009-10)		□ U18 Midget (2007-08)						
	Player Inform	natio	n:								
30	Name:							DOB:			
S.	Current Team:										
	Shoots:		Left		Position:			Forward			
Q.			Right					Defense			
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\geq	Parent/Guard Parent(s) Name		nformation	:							
	Street Address	:									
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\sim	Home Phone:				Work or Cell Phone:						
and an	Email(1):										
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19 C	Registration Fee Mites:	FREE									
1	Squirts – Midget Release of L	iability	/Acknowledg	gement of F	<u>Risk</u>						
GREATER BOSTON VIPERS, LLC.	his /her participa to such participa agree to hold ha	ation in ation, in armless ervisors	ans of the above any and all activ ocluding transpor the Greater Bos s, participants for	vities related to tation to and f ston Vipers, Ll	o the Grea from the ac LC. and ar	ter Bosi ctivities; iy and a	ton Vipers, Ll and I/We do Ill of it's agen	LC. I/We assur hereby waive, its, including wi	me all risł release, ithout limi	ks and hazar absolve, inde tations its as	ds incidental emnify, and signees, the
PO BOX 5295 SALISBURY, MA 01952	3101 13 11 9000	ricaiti									

PO BOX 5295 SALISBURY, MA 0195

www.vipersicehockey.com vipers@vipersicehockey.com

Parent/Guardian Signature:



Please mail the completed tryout registration and payment to: Greater Boston Vipers, LLC, PO BOX 5295 Salisbury, MA 01952

Date: