

Player Registration Form (Oregon Highschool Showcase Team)

Information used in this form will be used to distribute information to the player and parent(s). Please be thorough. This information will only be shared with interested scouts or schools. Some information may be included in our media guide.

Camp Tryout Fee: \$50.00. Please make checks payable to **Oregon State Hockey Association**

Player Information (Player Info Only Please!)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province ZIP/Postal Code

Phone (Home): () _____ Phone (Cell): () _____

Phone (Work): () _____ E-mail Address: _____

MySpace: _____ Facebook: _____

| | | | | | | |
|---------------|---------------|-------------------|-----------------|--------------|------------|------------|
| | | | Circle Any | Circle one | | |
| | | | LW C RW D G | LEFT / RIGHT | | |
| <i>Height</i> | <i>Weight</i> | <i>Birthplace</i> | <i>Position</i> | <i>Shot</i> | <i>DOB</i> | <i>Age</i> |

Short Bio: Please provide a short paragraph about yourself and your hockey history, interests, and goals. For instance why do you wish to play in Eugene? What is your passion for the game? Where do you see yourself in 1-2, 3-4, and 4-5 years. Information on this form may be used to complete our media guide. Please be thorough.

Question: Please provide a short description of your most memorable moment. This does not need to be hockey related and could have taken place at any period in the past.

Quote: Please provide your favorite quote, not necessarily of a hockey player.

Please provide as much information as possible. This information will be used in our media guide and shared with scouts and schools.

Education

I will be attending high school this upcoming academic year

High School: _____ Address: _____

Year In School: Fr So Jr Sr Other _____

GPA: _____ Courses Taken: _____

Please describe your educational philosophy and goals:

Hockey History

| First Team (Most Recent) | | | | | | Second Team (Next Recent or Same Year) | | | | | |
|--------------------------|----------|----------|----------|--------------|--------------|--|----------|----------|----------|--------------|--------------|
| Team/Yr. | | | Coach: | | | Team/Yr. | | | Coach: | | |
| GP (Goalies) | G (W) | A (L) | P (T) | +/- (GAA) | PIM (SV%) | GP (Goalies) | G (W) | A (L) | P (T) | +/- (GAA) | PIM (SV%) |
| | | | | | | | | | | | |

Can we contact? Yes No

Contact: _____

Phone: _____

Can we contact? Yes No

Contact _____

Phone: _____

| Third Team | | | | | | Fourth Team | | | | | |
|-----------------|----------|----------|----------|--------------|--------------|-----------------|----------|----------|----------|--------------|--------------|
| Team/Yr. | | | Coach: | | | Team/Yr. | | | Coach: | | |
| GP (Goalies) | G (W) | A (L) | P (T) | +/- (GAA) | PIM (SV%) | GP (Goalies) | G (W) | A (L) | P (T) | +/- (GAA) | PIM (SV%) |
| | | | | | | | | | | | |

Can we contact? Yes No

Contact: _____

Phone: _____

Can we contact? Yes No

Contact _____

Phone: _____

Parent Information

Father or First Guardian Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province ZIP/Postal Code

Phone (Home): () _____ Phone (Cell): () _____

Phone (Work): () _____ E-mail Address: _____

SSN*: _____ DOB*: _____

**SSN and DOB will only be used in case of emergency and supplied to medical personnel to complete admission paperwork.*

Mother or Second Guardian Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province ZIP/Postal Code

Phone (Home): () _____ Phone (Cell): () _____

Phone (Work): () _____ E-mail Address: _____

SSN: _____ DOB: _____

**SSN and DOB will only be used in case of emergency and supplied to medical personnel to complete admission paperwork.*

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I also acknowledge and authorize the release of some or all of this information for the following uses: determination of accuracy by coaches and staff, public relations and marketing (press releases, press kits, and programs), and other promotional activities as necessary.

Cancellation Policy. Due to limited tryout slots, no refunds will be given in whole or in part after an application has been submitted.

Privacy Policy. We will not release any of this information to third parties except as outlined as above. This information will not be distributed to sponsors nor be used for the purposes of solicitation by the Oregon State Hockey Association or any of its partners, nor released to a third party for such activity.

If this application leads placement on the Oregon State High School Showcase team, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Signature Parent or Guardian: _____ Date: _____
(if under 18)