



# NEW JERSEY RENEGADES

## JUNIOR HOCKEY CLUB

### 2010-2011 PLAYER PROFILE & TRYOUT FORM

### METROPOLITAN JUNIOR HOCKEY LEAGUE

#### PLAYER INFO

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Citizenships: \_\_\_\_\_ USAH Num: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

#### ACADEMIC INFO

Enrolment as of September 2010

High School  College  None

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Grad Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Rank: \_\_\_\_\_ of \_\_\_\_\_ TOEFL: \_\_\_\_\_

SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

#### PLAYER INFO

Position: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shot: Left  Right

Previous Team: \_\_\_\_\_ Level: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Games	Goals	Assists	PIM	GAA	Save %	Record

#### TRYOUT INFO

Hotel information will be given to you upon request. Each player must be enrolled in USA Hockey as a player before taking the ice with the New Jersey Renegades. The individual is responsible for carrying personal medical insurance. The New Jersey Renegades cannot be held responsible for any incident that occurs during tryouts.

Player/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tryouts:** April 13<sup>th</sup> & 15<sup>th</sup> (8:45-10:00p)

**Fee:** \$75

Additional Jr players evaluations will be done on April 20th & 22nd @ 9:15-10:15pm

**Make checks payable to:**

New Jersey Renegades

69 Cherokee Ave., Rockaway NJ 07866