



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: _____

Citezenships: _____ 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 13th & 15th

Fee: \$75

Make checks payable to:

New Jersey Renegades

69 Cherokee Ave., Rockaway NJ 07866