



**TEAM GOLDEN TRIANGLE FHC**  
**2016 Summer Participation and National Hockey Festival**  
**Registration Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ HS Grad Year: \_\_\_\_\_

Age on January 1, 2016: \_\_\_\_\_ 2016 Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Playing Position: \_\_\_\_\_ Years Exp: \_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian

Phone: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

USAFH Membership No: \_\_\_\_\_

Have a uniform? Uniform #: \_\_\_\_\_

Need a uniform? Desired Uniform #: \_\_\_\_\_ Top / Bottom Size: \_\_\_\_\_

Trying out? (Y/N): \_\_\_\_\_ Age Group (U14/U16/U19): \_\_\_\_\_

**By signing below, athletes and parents form a contract with TGT to commit to play and train with TGT and accept the policies expressed below.**

**CLUB MEMBERSHIP, DUES, AND TRYOUT POLICIES:**

1. Players must have a current USA Field Hockey Membership and officially affiliate through USA Hockey as a Team Golden Triangle Club member. Affiliation will open again on August 1, 2016. It is the player's responsibility to secure their membership by the first TGT practice on June 1, 2016, and affiliate in August.
2. The summer club payment of \$395 must be received by the first practice. Players with an outstanding balance will not be permitted to join practice until all is paid in full. Please make checks payable to TGT and mail to: TGT FHC c/o K. Tan, PO Box 16200, Pgh, PA 15242
3. A tryout period for the 2016 Festival Teams will be conducted during the June practices. Players trying out must attend at least 2 of the first 5 practice sessions in June. The 2016 Festival Teams will be announced no later than June 30<sup>th</sup>. Please indicate above whether you are trying out and for which age group.
4. Players who are trying out must provide an additional payment of \$250 at the first practice to secure a spot on the team which will be assessed towards overall tournament fees and expenses. Checks of players who are not selected will be destroyed.
5. All payments are non-refundable for any circumstances except injuries. Prorations will be made.

Player (Print name) \_\_\_\_\_

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

Parent/Guardian of Player: \_\_\_\_\_ (Signature required for all participants)