



NORTHWEST VENOM AAA HOCKEY REGISTRATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PARENTS NAME _____

PHONE NUMBER _____ PARENTS EMAIL _____

CURRENT USA HOCKEY NUMBER _____

TRYOUT LEVEL PLEASE SELECT ONE

MITE____ SQUIRT____ PEEWEE____ BANTAM____

HEIGHT _____ WEIGHT _____

SHOOTING HAND RIGHT or LEFT (Please Circle)

COLOR JERSEY WEARING FOR TRYOUT, NUMBER AND LOGO ON IT

HAVE YOU EVER PLAYED AAA HOCKEY? Y/N IF YES, WITH WHO? _____

EMERGENCY CONTACT NAME/CONTACT NUMBER/RELATION TO YOU

FIRST POSITION WITH EXPERIENCE YOU WOULD LIKE TO PLAY _____

SECOND POSITION WITH LIMITED EXPEIENCE YOU WOULD LIKE TO PLAY _____

FEE FOR PLAYING WITH THE NORTHWEST VENOM IS \$875. PLAYERS WILL BE NOTIFIED WITHIN A WEEK AFTER TRYOUTS IF THEY WERE SELECTED FOR THE TEAM. \$650 OF THE \$875 WILL BE DUE BY JANURARY 15th, 2026 AND IS NON-REFUNDABLE. FULL PAYMENT WILL BE DUE BY MARCH 1ST, 2026 AND IS NON-REFUNDABLE. PLAYERS WILL NOT BE ALLOWED ON THE ICE UNTIL THE FEE IS PAID IN FULL.

I HAVE READ ALL INFORMATION PROVIDED BY THE NORTHWEST VENOM AND WILL DO MY BEST TO BE A GOOD TEAMMATE. I WILL SHOW UP FOR ALL PRACTICES AND GAMES.

SKATER NAME PRINTED _____ SKATER SIGNATURE _____ DATE _____

PARENT NAME PRINTED _____ PARENT SIGNATURE _____ DATE _____