



HARRISBURG LUNATICS TRYOUTS

TRYOUTS WILL BE **FREE!**

**THE LUNATICS WILL BE SELECTING TWO TEAMS
(it could be 1 pro and 1 semi-pro OR 2 semi-pro)**

2015-2016 TIC TRYOUT DATES!

THURSDAY AUGUST 20, 7:30PM TO 9:30PM

SATURDAY AUGUST 22, 10AM TO NOON

SUNDAY AUGUST 23, 2PM TO 4PM

(a 4th date may be added, candidates will be informed)

*****Tryouts will be held at the Yellow Breeches Sports Center, 700 Shawnee Court, New Cumberland Pa. 17070 go to www.yellowbreechessports.com for directions*** 717-763-8062
You MUST attend one of the 3 dates, but attending all is in your best interest.**

Tryout fee is:

FREE! To all player candidates, whether you were on the 2014-15 team or not.

After tryouts if you are selected to the team for pro or semi-pro you will be responsible for a fee of a minimum of \$400. \$200 of which will be due immediately upon selection as a sign of commitment. The remainder of money is due before the start of the first game of the season in full.

Candidates chosen for the pros and semi-pro must be available for team practices on a regular basis. If you can't attend practices and games, the team reserves the right to remove you from the roster and replace you.

Waiver/Agreement: I acknowledge, agree, and understand that there are risks inherent to the activities carried on the rink surface and other parts of the facility. I fully and knowingly assume all risks inherent to the activities carried on at the rink and all other parts of the facility and fully understand that said activities involve risks to the participants including bodily injury, partial or total disability, paralysis, death and damages that may arise therefrom. Therefore, I indemnify, and hold harmless Yellow Breeches Sports Center, Harrisburg Lunatics, PIHA, its directors, officers, agents, employees, volunteers, and affiliates from any and all costs, losses, liabilities, damages, lawsuits, deficiencies, claims, and expenses. However Yellow Breeches Sports Center, Harrisburg Lunatics, PIHA, that nothing in this paragraph is intended or shall be construed to relieve the aforementioned of any responsibility for the consequences of grossly negligent or willful misconduct on the part of its employees and agents. In the event that I am injured I give permission for the person in charge to seek medical attention.

Signature _____ **Date:** _____

Candidate Name: _____ Age: _____ Date of Birth: _____

Current Residence Town: _____ State: _____ Wt: _____ Ht: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Position: _____