



**THE LUNATICS WILL BE SELECTING ONE PRO TEAM,
AND TWO COMPETITIVE MINOR TEAMS**

2011-2012 TIC TRYOUT DATES!

**THURSDAY AUGUST 4, 7:30pm
SATURDAY AUGUST 13, 10am
TUESDAY, AUGUST 16, 8:00pm**

*****Tryouts will be held at the Susquehanna Sports Center, 1001 Bosler, Ave. Lemoyne, PA. 17043 www.susq-sports.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:

If you were a registered player for the Harrisburg Lunatics during the 2010-11 season the tryout fee is: \$30 Per player..... All other players \$45 Per player

After tryouts if you are selected to the team for pro or minors you will be responsible for a fee of a minimum of \$360 -\$400 depending on number of minor teams selected, \$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 minors 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 Susquehanna 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 Susquehanna 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: _____ Secondary Email: _____

Total Pd: _____

Method of Payment(**NO CHECKS!** Cash or Money Order **ONLY**): _____

Date Received: _____

Position: _____