

# Jersey Penguins

## Mite - Bantam Tryout Information



The Penguin's program has been redesigned to create a more systematic approach to player and team development. Using the Penguins F.A.S.T. system, players will be challenged to complete the WBS Pens fitness challenge, their individual skills will be assessed and tracked throughout the season, they will have opportunities to attend "Chalk Talks" with Pens coaches and will participate in the Pens mentoring program either helping the younger levels or benefiting from older players assistance.

### Tryout Dates and Times

<b>Bantam</b>	<b>Squirt</b>
May 11th 8:20pm – 9:20pm	May 11th 6:00pm - 7:00pm
May 12th 8:20pm – 9:20pm	May 12th 6:00pm - 7:00pm
May 13th 8:20pm – 9:20pm	May 14th 6:00pm - 7:00pm
Goalies: Also attend: May 13th 6:00pm - 7:00pm	
<b>PW</b>	<b>Mite</b>
May 11th 7:10pm - 8:10pm	May 11th 6:00pm - 7:00pm
May 12th 7:10pm - 8:10pm	May 12th 6:00pm - 7:00pm
May 13th 7:10pm - 8:10pm	May 14th 6:00pm - 7:00pm
Goalies: Also attend: May 13th 6:00pm - 7:00pm	

The program includes in tuition the following:

- Smaller Benches: Mites 13 skaters, Squirts 15 skaters, PeeWees 15 skaters, and Bantams 15 skaters.
- Pre-season practices
- Admission to the After School Hockey Club, allowing kids to skate every day after school in May, part of June, September and M-T-R-F in October.
- One week Summer Camp
- Three ice practices a week during season, including optional powerskating practices. Powerskate sessions divided by age groups.
- Goalies will participate in special clinics with the Penguin's dedicated Goalie Coach
- Nonparent, professional head coaches:
- Two Tournaments, plus Lake Placid. Mites participate in one tournament.
- Special Penguins pricing for all Rock Ice clinics and private lessons with staff.
- Game jerseys & socks. *Economy saver: If a player chooses to use last years uniform, deduct \$150 from the tuition price.*



## 2009-2010 Jersey Penguins Tryout Registration Form

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security# \_\_\_\_\_ Do you have a USA Hockey Card? \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

### 2009-2010 Level

Mite  Squirt  Peewee  Bantam  Midget

### High School students:

Do you play H.S. hockey? Yes No J.V. Varsity H.S. Attending \_\_\_\_\_

Season	Team	Level (e.g. Bantam A)	Position
2008-2009			<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie
2007-2008			<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie
2006-2007			<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie

**Tryout Fees:** \$100 in advance, by April 7<sup>th</sup>. After April 7<sup>th</sup> \$150. If you sign with the Penguins, \$100 of tryout fee will be applied to tuition.

**Yes I need USA Hockey insurance for \$40.00 and I am adding this amount to tryout fee**

All players must provide a copy of their birth certificate, and a copy of their USA Hockey Insurance card with this form, UNLESS THEY ARE A RETURNING PENGUINS FROM THE 2008-2009 SEASON. All players must have USA Hockey Insurance **before** participating in **any** tryout session. Proof of USA Hockey Insurance must be provided at check in. If insurance proof is not provided, the Penguins will provide necessary insurance for \$40.00. **Tryout fees are nonrefundable. The Jersey Penguins reserve the right to restrict or limit participation in tryouts.**

The Penguins reserve the right to fill roster spots on their 2009-2010 team with players from these tryouts or to hold additional tryouts if necessary. I hereby give my approval for above named applicant to participate in the Skaters Edge Hockey Club program. I assume all risks inherent and incidental to such participation and further release, absolve, indemnify and hold harmless the Skaters Edge Hockey Club, its' teams, coaches, fellow participants, and Union Sports Arena for any such claim arising due to injury of said participant. I hereby expressly authorize and request the Rock Ice Pavilion, its staff or any members thereof to act for me on my behalf according to their best judgment in any emergency, or injury to my child in the event I am not available or cannot be reached.

NAME OF PLAYER \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ALL PARENTS/GUARDIANS must attend tryout and be prepared to sign contracts and pay tuition as of 2<sup>nd</sup> tryout or roster spot may go to another player!.

**Return this registration form and if needed, copies of Birth Certificate an/or USA Hockey Card along with required fees. Checks payable to Skaters Edge Hockey Club.  
 Mail to: Jersey Penguins, 125 North Avenue, Dunellen NJ 08812`**

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