



Dear Athlete,

Congratulations on your selection for the Team USA Select Program! You have qualified for this honor at one of the following: AAU Junior Olympics, Scholastic Nationals, AAU Disney National Championships, The West Coast Championships, The National Cup Series, The Junior AIHL, or 2Hot4Ice. The Team USA Select Tryout for your location is included in this letter. A selection committee will choose ten skaters and two goalies from the Select Tryouts to compete in the International Divisions of the AAU Junior Olympics Games in July, 2010 in Huntington Beach, California.

Housing information for the Team USA Select Tryouts will be posted on the USARS and AAU websites: www.usarollersports.org and www.aauhockey.org.

The cost of the Team USA Select Tryout is \$95.00. This fee includes your USARS membership-insurance for September 1, 2009 through August 31, 2010. Forms for the Team USA Select Tryouts are included. Forms and money must be in 10 days prior to the tryout date.

Athletes selected for Team USA will receive their commitment and apparel order form by email after the teams have been chosen. (Fee commitment: \$225.)

Please fill out the attached forms and return them to the Team USA Hockey office by fax at 715.231.4004 or by mail to Team USA Hockey, 2409 Stout Road Suite #1 Menomonie, WI 54751. Checks or money orders can be made out to Team USA Hockey Club. If you would like to pay by debit/credit card, please use the PayPal link provided. An email confirmation will be sent to the email address that you provide, after payment is received.

For further tryout information, contact your zone representative, which is included in the paperwork. For registration questions, contact Keith Noll at 715.231.4000 or by email at slapshot@wwt.net. AAU Junior Olympic and International Division dates and information can be found at www.aauhockey.org and www.usarollersports.org.

There are no refunds for Team USA Select Tryouts, unless an athlete is physically injured and the Team USA Hockey office is provided with a written doctor's note, before the tryout.

Thank you,

Keith Noll
Committee
715.231.4000
knoll@usarollersports.org

Jon Roux USARS Hockey USARS
USARS Hockey Director
724.986.1450
jroux@usarollersports.org



2010 Team USA Select Tryouts & Selections

Divisions: ___10U ___12U ___14U ___16U

18U and 21U are by invitation only. For further information, contact USARS at 402.483.7551.

Tryout Dates and Locations:

(Team USA Northwest) : Northern California, Silver Creek Sports Complex

(10u) - **TEAM SELECTED**

(12u) - April 5th **TEAM SELECTED**

(14u) - April 12th **TEAM SELECTED**

(16u) - April 19th **TEAM SELECTED**

___(Team USA Southwest) April/May, 2010: Contact: Keith Noll at 715.231.4000,

(10u) - **T/B/A**

(12u) - **TEAM SELECTED**

(14u) - **TEAM SELECTED**

(16u) - **TEAMS SELECTED**

(Team USA West) April 10, 2010: Southern California, Ducks Inline

10u-12u-14u-16u. **TEAMS SELECTED**

A couple of positions are still open. Call Ben Barret at (714)279-2465 or email slapshot@wwt.net

___(Team USA East) April/May, 2010: Contact: Keith Noll at 715.231.4000, slapshot@wwt.net

___(Team USA South) April 17, 2010: Lakewood, Colorado – RMR

___(Team USA North) April/May, 2010: Contact: Keith Noll at 715.231.4000, slapshot@wwt.net

___(Team USA Gulf) April/May, 2010: Contact: Keith Noll at 715.231.4000,

slapshot@wwt.net

Position: ____ Forward ____ Defense ____ Goalie

Last Name First Name Middle Initial

Street Address

City State Zip

Date of Birth Email Address

Cell Phone # Home Phone # Work #



Participant Consent Form and Transport and Medical Release

I hereby give my consent for Team USA Select Tryouts to provide athletic trainer services and other medical care and treatment, emergency medical services, and transportation associated with my participation in the program, conducted at a rink facility under the auspices of USA Roller Sports.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's program.

Participant's Signature

Date

For Athletes of Minority Age

This is to certify that I, as the parent/guardian of this participant, have explained the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs, conducted under the auspices of USA Roller Sports and the Team USA Select Tryouts.

Parent/Guardian's Signature

Date



Instructions:

- 1) Submit by mail or fax page two and three of this packet.
 - 2) Mail in your check or money order
- OR-
- 3) PayPal - Click on the link below and follow the instructions to submit your payment

Please fill out the attached forms and return them to the Team USA Hockey office by fax at 715.231.4004 or by mail to Team USA Hockey, 2409 Stout Road Suite #1 Menomonie, WI 54751.

Payment

Checks or money orders can be made out to Team USA Hockey Club.

If you would like to pay by debit/credit card, please use the PayPal link provided.

Add to Cart

click above

Or copy/paste the following link:

<http://tinyurl.com/yhnvv4w>

An email confirmation will be sent to the email address that you provide, after payment is received.



TEAM USA SELECT TRYOUT ZONE REPRESENTATIVES

Zone	Contact	Contact #	Email
Northern California	Dave Inouye	408.426.1786	sportcrze@aol.com
Southern California	Ben Barrett	951.279.7465	BBarrett@the-rinks.com
Colorado	Don Molnar	440.537.7493	bigpower237@hotmail.com
East	Jon Roux	724-986-2370	jonroux@comcast.net
South	Keith Noll	412.826.0800 x18	slapshot@wwt.net
North	Keith Noll	267.549.6332	slapshot@wwt.net
Gulf Coast	Calvin Ahia	337.837.1930 x1	cahia.topshelfsports@hotmail.com