



SPRING SKILLS APPLICATION

Name: _____ Date of Birth: _____

Address: _____
Street City/Town State/Province Postal/Zip Code

Telephone: _____ Email : _____

HOCKEY INFORMATION

Position(s): G D F (please circle one) Height: _____ Weight: _____

Team: _____ League: _____ Division: _____

GOALIES: Team: _____ League: _____ Division: _____

MEDICAL INFORMATION

Personal Physician: _____ Telephone: _____

Medical Insurance Coverage: _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK:

I/we acknowledge that ice hockey is a contact sport and there is a potential for injury. Participating or observing in the North East Women's Hockey League may constitute serious injury, including death and/or permanent paralysis. I/we fully understand the risk and release the North East Women's Hockey League, it's owners, event organizers, coaches, referees, affiliates, sponsors, and ice arena/facilities from any liability (both financial and otherwise) that may be associated with participation or injury.

Player Signature: _____ Parent / Guardian Signature: _____

Please return this completed application with a check or money order for \$225.00 to:

North East Women's Hockey League
P.O.Box 480
Stoneham, Massachusetts 02180
781.838.0352