



**SPRING 2008 APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State Postal/Zip Code

Telephone: \_\_\_\_\_ E-MAIL : \_\_\_\_\_ Cell: \_\_\_\_\_

**HOCKEY INFORMATION**

Position(s): G D F (please circle one) Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shot R : L

2007- 2008 Team: \_\_\_\_\_

Coach: \_\_\_\_\_ Telephone: \_\_\_\_\_

**GOALIES:**

2007- 2008 Team: \_\_\_\_\_

**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 deposit check or money order for \$269.00 to:

**North East Women's Hockey League  
P.O. Box 480  
Stoneham, Massachusetts 02180  
781.710.3964 - 781.838.0352  
Email : info@newhl.net**