



# 2018 SPRING SKILLS APPLICATION

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

2018-19 School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address:

Street City/Town State Postal/Zip Code

Telephone: \_\_\_\_\_ Cell : \_\_\_\_\_

E-MAIL : \_\_\_\_\_ 2<sup>nd</sup> E-MAIL : \_\_\_\_\_

## HOCKEY INFORMATION

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

2017-18 Team: \_\_\_\_\_ Coach: \_\_\_\_\_

## 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 \$249.00 to:

**NEWHL  
P.O. Box 480  
Stoneham, Massachusetts 02180**

**Info: 781-838-0352 ~ Fax: 978-657-8642  
Email: Info@NEWHL.net**