



# 2019 SPRING LEAGUE APPLICATION

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

2019-20 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

2018-19 Team: \_\_\_\_\_ Coach: \_\_\_\_\_

## MEDICAL INFORMATION

Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Coverage: \_\_\_\_\_

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### **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: \_\_\_\_\_

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Please return this completed application with a 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**