



2019 SPRING SKILLS APPLICATION

Name: _____ Date of Birth: _____

2019-20 School: _____ Grade: _____

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

Telephone: _____ Cell : _____

E-MAIL : _____ 2nd 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: _____

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 \$249.00 to:

NEWHL
P.O. Box 480
Stoneham, Massachusetts 02180

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