

Team Northern New England
TRYOUT APPLICATION
COMPLETE AND RETURN IMMEDIATELY

NAME _____ DOB _____ - _____ - _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____ SCHOOL - TEAM _____

E-mail _____ Cell Phone(_____) _____ - _____

GPA _____ SAT MATH _____ SAT VERBAL _____ RANK IN CLASS _____

YEAR IN SCHOOL (CIRCLE ONE) Junior Senior PG

FATHER _____ OCCUPATION _____

MOTHER _____ OCCUPATION _____

COACH _____ PHONE(_____) _____ - _____

POSITION _____ SHOOT _____ HGT _____ WGT _____

GOALS _____ ASSISTS _____ PTS _____ PIM _____ GAA _____ SAVE% _____

HOCKEY HONORS _____

COLLEGES AND/OR JUNIOR TEAMS WHO HAVE CONTACTED YOU _____

WAIVER: Upon entering events sponsored by Team NNE, I/We agree to abide by the rules of USA Hockey. I/We understand that participation and observation of the sport of hockey constitutes a risk to me/us of serious injury, including paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume the risk and release Team NNE, its affiliates, their sponsors, event organizers, and officials from any liability therefore.

Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

Tryout Fee: **\$50 – submit with application**

Make Checks Payable to: **Team NNE**

Mail to: **Team NNE**
Att: Sean Tremblay
23 Pleasant Street #505
Newburyport, MA 01950