

New Hampshire Junior Monarchs
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) Freshman Sophomore 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 NH Jr. Monarchs, 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 NH Jr. Monarchs, its affiliates, their sponsors, event organizers, and officials from any liability therefore.

Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

Tryout Fee: **\$150 – submit with application**

Make Checks Payable to: **Tri-Town Ice Arena**

Mail to: **Tri-Town Ice Arena
Att: Sean Tremblay
311 West River Road
Hooksett, NH 03106**