



2010 High School Development Camp – July 12-16, 2010
NNEHA Application Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent / Guardian: _____

Phone: (H) _____ **(Cell / Work)** _____

E-Mail: _____

Male _____ **Female** _____ **DOB** ____ / ____ / ____ **Age:** _____

Years Playing Hockey: _____ **Position:** _____

High School / Middle School Team 2009-10: _____

Coach for above team: _____

Incoming Grade for 2010: _____ **Jersey Size (AS – 2XL):** _____

Please check one of the following:

_____ Enclosed is a \$100 nonrefundable deposit. I know the total amount is due by June 1, 2010

_____ Enclosed is the full payment of \$300

Please make all checks payable to:
Northern New England Hockey Academy (NNEHA)

Mail to:
NNEHA
11 Academy Place #40
Saco, ME 04072

Release of Liability: I/we understand that participation and observation of the sport of ice hockey constitutes a risk to me/us of serious injury, including paralysis. I/we voluntarily and knowingly recognize, accept, and assume the risk and release NNEHA and its affiliates from any liability therefore.

Signature: _____ **Date:** _____