



**2010 NNEHA MITES / SQUIRTS Development League
Application Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian: _____

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

E-Mail: _____

Male ____ Female ____ DOB ____/____/____ Age: ____

Years Playing Hockey: _____ Position: _____

Mite / Squirt for 2010: _____ Jersey Size (YL - 2xl): _____

If your son / daughter wants to play with other players on the same team, please specify below:

Name: _____

Name: _____

Name: _____

Name: _____

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: _____