

New Hampshire Junior Monarchs

TRYOUT APPLICATION COMPLETE AND RETURN IMMEDIATELY

PLAYER NAME: _____ DOB: _____ - _____ - _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____ PLAYER EMAIL: _____

CURRENT HIGH SCHOOL ATTENDED (ING): _____ GPA: _____ SAT: _____ ACT: _____

YEAR IN SCHOOL (CIRCLE ONE): Freshman Sophomore Junior Senior PG1 PG2

2015-16 HOCKEY TEAM(S): _____ LEAGUE: _____

COACH NAME: _____ CELL PHONE: (_____) _____ - _____

POSITION _____ SHOOT/CATCH: _____ HGT: _____ WGT: _____

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

FAMILY/HOCKEY ADVISOR (If Applicable): _____ CELL PHONE: (_____) _____ - _____

HOCKEY HONORS/AWARDS: _____

FATHER: _____ OCCUPATION: _____

MOTHER: _____ OCCUPATION: _____

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 18yo): _____ Date: _____

Tryout Fee: \$150 – submit with application (\$125 if registered before April 1st)

Make Checks Payable to: **TRI-TOWN ICE ARENA**

Mail to: Tri-Town Ice Arena / Attn: Ryan Frew / 311 West River Road / Hooksett, NH 03106