



**NEW ENGLAND RENEGADES
HOCKEY ASSOCIATION
REGISTRATION FORM**

**2017 SUMMER AND FALL
MIDGET PROGRAMS**

(PLEASE PRINT CLEARLY)

Program Trying Out For: SUMMER _____ FALL _____ ALT/PRACTICE _____

Player Name: _____ Date of Birth: _____

Address: _____ City/Town: _____

State: _____ ZIP: _____ Home Ph: _____ Cell Ph: _____

Height: _____ Weight: _____ Shoots (R/L) _____ Position(s): _____

Jersey Size (S,M,L,XL,XXL): _____ Pant Shell Size (48,50,52 etc): _____ Helmet (S,M,LG): _____

High School: _____ E-Mail: _____

EMERGENCY Contact and Phone Number: _____

Parent(s)/Guardian Names: _____

Alt E-Mail: _____ Alt Cell Phone: _____

ACKNOWLEDGEMENT OF RISK/WAIVER

I/We the parents/guardians of the above candidate for the New England Renegades Hockey Association, hereby give my/our approval to his/her participation in any and all activities related to the New England Renegades Hockey Association. I/We assume all risks and hazards incidental to such participation, including transportation to and from all activities; and I/We do hereby waive, release, indemnify and agree to hold harmless the New England Renegades Hockey Association and any and all of it's agents, including without limitation it's assignees, the organizers, coaches, supervisors, participants for any and all related claims to said activities.

Parent/Guardian Signature: _____ Date: _____

For New England Renegades Use Only

Program(s) : _____

Amount Paid: _____

Balance Due: _____

MAKE CHECKS PAYABLE TO:

NEW ENGLAND RENEGADES

TRYOUT FEE: \$60.00