

Please call to get a student cleared for Advanced program placement.

Just a small deposit reserves a spot!

Enclosed please find a **non-refundable deposit** (\$25 towards **each Spring Course** or \$50 towards any **Summer Camp**). I understand this deposit is to reserve one of the limited spots in each program, and that the total balance is due at the first-day registration:

Spring Courses -- \$197:

___ @ Rockland, MA -- 6 Thursdays

___ @ Smithfield, RI -- 6 Fridays

___ Intermediate Skills ___ Advanced Skills (Must be approved)

___ Intermediate Movements for Goaltenders

___ Advanced Movements for Goaltenders (Must be approved)

Summer -- Beginner Hockey School -- \$179

___ @ Rockland, MA -- 10 Sundays

Summer -- Positional Camps -- \$393

___ @ Rockland, MA -- 10 Sundays

___ Intermediate Scoring Camp

___ Advanced Scoring Camp (Must be approved)

___ Intermediate Defense Camp

___ Advanced Defense Camp (Must be approved)

___ Intermediate Goaltending

___ Advanced Goaltending (Must be approved)

Summer -- Off-ice Speed/Power Camp -- \$94

___ @ Rockland, MA -- 7 Wednesdays (rain dates TBA)

I hereby acknowledge and fully understand that participation in the events and/or activities contemplated herein involve risks of serious injury, including permanent disability, death, dismemberment and any and all hazards incidental to the conduct of the events and/or activities, affiliated clubs, respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, arena owners and/or lessees, New England Hockey, Inc. ("NEHI"), its successors and assigns, sponsors, supervisors, coaches and directors ("Released Parties"), and each and every one of them, and I hereby assume all risks as aforementioned. I hereby authorize the Released Parties to provide any and all emergency medical care for the participant. I further release, indemnify, and hold the Released Parties harmless from and against any and all injuries incurred before, at, or after, any and all events and/or activities, and also absolve and release each and every one of them from any claims against any person(s) involved in transportation to and from any and all such events and/or activities. I waive any and all rights and claims relative to proprietary rights NEHI holds relative to video reproductions, photographs and any other imagery relative to any and all NEHI events and/or activities. I also understand that there are no refunds on deposits.

> **Signature**

(Parent or Guardian)

Date

We like to get to know our NEHI parents...

Mom's name: _____

Dad's name: _____

Complete reverse side, then mail to:

NEHI P O Box 405 Whitman, MA 02382



Student _____ Nickname _____ D.O.B. _____ Age _____
 Hockey Organization/s _____ 2003-04 School Grade _____

_____ Shoot: L R Position _____
POSITION YOU WILL TRAIN AT

Home Address _____ City _____ State _____ Zip _____

Summer Address _____ City _____ State _____ Zip _____

Home Telephone (_____) ____ - _____ Summer Telephone (_____) ____ - _____

Emergency Telephone (_____) ____ - _____ --- Whom to ask for at Emergency Number? _____

****Very important* -- For placement purposes, circle both -- appropriate LAST SEASON'S LEVEL of play and CALIBER:***

MITE	SQUIRT	PEEWEE	BANTAM	JV	HSV	COLLEGE	PRO	-----	AAA	AA	A	B	C	INSTRUCTIONAL
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Please note physical/learning problems that might help us teach this student better:

Do you have a friend who should receive a brochure? **Name** _____

Full Address _____ **Over**

How did you hear about NEHI? _____

Need Help? (781) 447-4616
 Administration: Diane... nehidiane@aol.com
 Hockey: Dennis... coachchic@aol.com