



# LACONIA



## PLAYER PROFILE & APPLICATION

FIRST NAME  LAST NAME

STREET:

CITY  STATE  ZIP

HOME PHONE  CELL PHONE

EMAIL ADDRESS

FATHERS NAME  OCCUPATION

MOTHERS NAME  OCCUPATION

BIRTH DATE  SCHOOL YEAR  GPA  SAT

HEIGHT  WEIGHT  POS  SHOT

CURRENT SCHOOL  CURRENT TEAM

COACH  PHONE

GP  GOALS  ASSISTS  POINTS

GP  GAA  SAVE %  W-L-T

**OTHER TEAMS THAT HAVE CONTACTED YOU, OR THAT YOU HAVE INTEREST IN:**

**Release Waiver, assumption of risk and indemnification:** In consideration of being permitted to participate in hockey activities with the Laconia Leafs, I agree to the following: I understand and accept that there are risks of serious injury in connection with participation and voluntarily assume and accept those risks. I unconditionally release, the Laconia Leafs, affiliates, agents, servants, coaches, volunteers and employees from any and all suits, claims and demands of any kind for personal injuries, property damage that I or my child may sustain while participating in the hockey program and related activities.

Player signature: \_\_\_\_\_ Parent/Guardian signature if under 18: \_\_\_\_\_