

Application for Tryout Participation

Limited to 44 skaters and 6 goalies

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Last Team Played For: _____

Position: _____

Release of Liability:

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

Release of Liability/Acknowledgment of risk upon entering events sponsored by

Mass Maple Leafs Hockey Club, CDL Arena, Kris Metea, Tony DeSilve, Owners and/Members. I/We agree to abide by the rules and policies of hockey. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release the Mass Maple Leafs, CDL Arena, and its owners/affiliates, their sponsors, and/or organizers from any liability therefore.

I have read and understand the Release of Liability and agree
to the terms and conditions specified therein:

Parent and/or Legal Guardian Signature

Make Checks Payable to:

Mass Maple Leafs Junior Hockey Club

Send Application to:

Mass Maple Leafs Hockey Club
P.O. Box 30314
Acushnet, MA 02743