



PRE-PREP SHOWCASE® APPLICATION

PLEASE PRINT OR TYPE CLEARLY:

Name: _____ Date of Birth: _____ Male: _____ Female: _____

Address: _____

City/Town: _____ State/Province: _____ Postal/Zip Code: _____

Telephone: _____ Cell Phone: _____ Fax: _____

E-mail: _____ (This will be the address used for confirmation, schedules, etc.)

ACADEMIC INFORMATION

Present School: _____ Grade: _____

Next Year's School: _____ Grade: _____

ATHLETIC INFORMATION

Position(s): _____ Shoot: Right _____ Left _____ Height: _____ Weight: _____

Present Team: _____ League: _____ Division: _____

Coach: _____ Telephone: _____ E-mail: _____

Games Played: _____ Goals: _____ Assists: _____ Penalty Minutes: _____

GOALIES: Goals Against Average: _____ Shut-outs: _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

I/we acknowledge that ice hockey is a contact sport and there is a potential for injury. Participating or observing in the Pre-Prep Showcase® may constitute serious injury, including death and/or permanent paralysis. I/we fully understand the risk and release the Pre-Prep Showcase®, it's owners, event organizers, staff, coaches, referees, affiliates, sponsors, and arena/facilities from any liability (both financial and otherwise) that may be associated with participation or injury.

Player's Signature: _____ Parent/Guardian's Signature: _____

Date of Application: _____ Pre-Prep Showcase® recommended by: _____

Please mail this completed application with a check or money order for \$299 (US) to:
Pre-Prep Showcase®
P.O. Box #80480
Stoneham, Massachusetts 02180
NOTE: Pre-Prep Showcase® reserves the right to decline an application.