

PLAYER REGISTRATION FORM



Schwan's Super Rink

Boy's Divisions

Squirt - PeeWee

Girl's Divisions

U12 - U14

Individual Player Registration: \$115.00

Player Name: _____ *Position:* _____ *Date of Birth:* _____ *Age:* _____

Phone: _____ *Parent Email:* _____

Level (Roller Hockey): _____ *Last Years Hockey Team:* _____

Emergency Contact

Name: _____ *Phone Number:* _____ *Relationship:* _____

Twin Cities Roller Hockey League is a Limited Liability Company

I understand that the Twin Cities Roller Hockey, llc League, Raymond Fuerst, Joe Dustin, Schwan Super Rink, West Side Arena and its staff, League staff, and Anyone involved with the Twin Cities Roller Hockey League does not carry any insurance on any participant or player.

I expressly assume all risk of loss or injury and hereby release and agree to save, hold harmless and indemnify the Twin Cities Roller Hockey, llc League, Raymond Fuerst, Joe Dustin, Schwan Super Rink, West Side Arena and its staff, League staff, and Anyone involved with the Twin Cities Roller Hockey League which does not carry any insurance on any participate or player and its lessor from liability for injury or harm or other damage I or my child may sustain while a participant.

Parent/Guardian Name: _____ Player Name: _____

Parent/Guardian Signature: _____ Date: _____

Mail Registration and Check Payable to:

Twin Cities Roller Hockey
2233 Hamline Avenue N, Suite 127
Roseville, MN 55113



www.trollerhockey.com



Questions? Contact Joe Dustin @ (651) 214-3723 or jjdustin11@hotmail.com