



REGISTRATION WAIVER FORM



ST. PAUL / ROSEVILLE ROLLER HOCKEY TRAINING

John Rose Oval

(651) 487-0095

WWW.TCROLLERHOCKEY.COM

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

Last Years Hockey Team: _____ *Phone:* _____

Email: _____ *Address:* _____

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, Joseph Dustin, Roseville John Rose Oval 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, Joseph Dustin, Roseville John Rose Oval 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:* _____

Insurance Carrier: _____ *Policy Number:* _____

Parent/Guardian Signature: _____ *Date:* _____

Bring Registration and Check/Cash to Event or Mail to:

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

Check Payable to: *Twin Cities Roller Hockey*