

# ROLLERDROME ROLLER HOCKEY LEAGUE REGISTRATION

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Emergency Contact : Name \_\_\_\_\_ Phone # \_\_\_\_\_

Experience Rating :     A \_\_\_\_\_ - Elite Player ( team leader – advanced player )  
                                  B \_\_\_\_\_ - Advanced Player ( advanced in all hockey skills )  
                                  C \_\_\_\_\_ - Average Player ( previously played hockey )  
                                  D \_\_\_\_\_ - Beginner Player ( never played hockey before )

Have you ever played in this league before ? Yes / No

Any other leagues ? Yes / No   Where at ? \_\_\_\_\_

Are you interested in: Coaching \_\_\_\_\_ Goalie \_\_\_\_\_

I HEREBY AGREE TO PRACTICE GOOD SPORTSMANSHIP AND ABIDE BY THE RULES AND REGULATIONS SET UP BY THE ROLLERDROME HOCKEY LEAGUE: ROLLERDROME SKATING CENTER: AND ANY OTHER OFFICALS OR ORGANIZATIONS DEEMED NECESSARY TO GOVERN THIS SPORT. FAILURE TO ADHERE TO ANY RULES WILL RESULT IN A NON-REFUNDABLE SUSPENSION FOR THE SEASON. BY SIGNING THIS WAIVER YOU AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS CONTRACT. ALL PLAYERS AND FAMILY OR FRIENDS WILL CONDUCT THEMSEVES IN A GOOD AND POSITIVE MANNER. ANY BREAKING OF THESE RULES CAN RESULT IN IMMEDIATE TERMINATION FROM PLAYING IN CURRENT OR UPCOMING SEASONS AND AN IMMEDIATE (2) WEEK SUSPENSION FROM OPEN STICK TIMES. ANY AND ALL BEHAVIOR DEEMED DANGEROUS OR DISRUPTIVE BY REFS WILL BE THE FINAL VERDICT. THERE WILL BE NO ABUSIVE BEHAVIOR TOWARDS THE REFS OR THERE WILL BE A COMPLETE AND TOTAL ELIMINATION FROM PLAYING HOCKEY AT THE ROLLERDROME. THERE WILL BE NO DISCUSSION OR COMPENSATING OF THESE TERMS. YOU ALSO AGREE THAT THE ROLLERDROME IS A PLAY AT YOUR OWN RISK FACILITY. THERE IS NO INSURANCE OFFERED AND BY SIGNING THIS YOU AGREE THAT YOU ARE PHYSICALLY ABLE TO PLAY IN A SPORTING EVENT SUCH AS HOCKEY.

\_\_\_\_\_  
PLAYER SIGNATURE

## RELEASE FORM

In consideration for being allowed to participate in the Rollerdrome Hockey League located at the Rollerdrome Skating Center in Nampa, I hereby release said league, Rollerdrome Inc. & their agents, representatives and assignees from cause whatsoever as a result of taking part in this activity.

I attest and verify to the best of my knowledge that the physical condition and fitness of this player is adequate for him/her to participate in this sporting event. I understand that if the player does not have the proper safety equipment that he/she will not be allowed to participate in this sport.

If in the event that the player is injured while playing this sport I give my full permission the The Rollerdrome Hockey League and their representatives to seek medical attention for me or my child. Every attempt will be made to contact parents in the event that the above should occur.

I authorize The Rollerdrome Hockey League to use my child's name/ my name and picture in publicizing the league. I also give permission to use my name and picture and image to appear in any publicity or materials to be used for promotional advertising purposes.

Players Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_