



# REGISTRATION WAIVER FORM



## WHITE BEAR LAKE ROLLER HOCKEY TRAINING

*White Bear Lake North Campus*

**(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*