

Roseville Girls Hockey STP Registration Form 2018

Please complete information, include \$390.00 registration fee and return form by **May 1**, 2018 to:

**Raider Hockey
2072 Chatsworth Ct
Roseville, MN 55113**

Please make checks payable to Raider Hockey

Player Name _____

Parent/Guardian Name _____

Address _____

City, State, Zip _____

Phone _____

D.O.B _____

Player Grade 2018-19 School Yr. _____

Preferred E-Mail Address _____

Tee shirt size _____

Having been informed by the organization of Raider Hockey to provide on-ice and off-ice training, I, the parent/guardian of the above named participant, do hereby give my permission to participate in any and all the activities during the current training period. I do assume all of the risks and hazards incidental to the conduct of activities, and I do further release, absolve, Indemnify and hold harmless the Raider Hockey and the coaches/instructors. In case of injury to the above named participant, I hereby waive all claims against the organizers and supervisors.

I, the parent/guardian of the above named participant, do understand all the above.

Parent/Guardian Signature

Date