Rink Rats Hockey

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Registration and Liability Waiver 2015-16 Season

Saturdays 9 - 10 AM
November 14 - December 19
February 6 - ice out

FREE! Equipment Available

In House Youth Hockey League • Ages 4- 4th grade

Players Name: _____

Date of Birth _____ / _____ / _____ **Age** _____
month *day* *year*

Parents Name: _____

Address: _____

Cell Phone:_____ **Home Phone:** _____

Email _____

Emergency Contact

Name: _____ **Relationship to Player** _____

Primary Phone _____ **Secondary Phone** _____

Liability Waiver

By signing this form, I, the undersigned parent/guardian, release PRAHA which includes the Rink Rats Program, staff and volunteers from any liabilities resulting from injuries or accidents that may have occurred to the above named participant either on ice or off ice.
Players must wear Minnesota Hockey Association approved equipment. Players must have a current active medical insurance plan.

Parent/Guardian: _____
please print

Parent/Guardian: _____
signature

Signed this _____ / _____ / _____
month *day* *year*