

**Roseville Girls Hockey STP Registration Form 2019**

Please complete information, include \$400.00 registration fee and return form by **May 1, 2019** to:

Raider Hockey  
2072 Chatsworth Ct  
Roseville, MN 55113

**\*NOTE: GOALIE FEE \$200 SIBLINGS FEE \$300/EACH**

Please make checks payable to Raider Hockey

Player Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Phone \_\_\_\_\_

AGE \_\_\_\_\_

Player Grade 2019-20 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