

**RMRHL Youth League Return Player Registration**      **Division: 200 – U12**

Returning Players Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
Preferred Phone #1: \_\_\_\_\_ Preferred Phone # 2: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
*Would you like to receive e-mail updates from RMRHL and or coach? Yes \_\_\_\_\_ No \_\_\_\_\_*  
Guardian(s) Names: \_\_\_\_\_  
Current Team: \_\_\_\_\_ Position: \_\_\_\_\_ Division: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Are you requesting a team change?      Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you moving up do to age requirement?      Yes \_\_\_\_\_ No \_\_\_\_\_

**Liability Waiver – Please read before signing:**

By completing the registration the applicant on his or her behalf (and if applicable, on the behalf of the minor child or children herein registered and said child(ren)'s legal representative), hereby releases and agrees to indemnify and hold harmless the Rocky Mountain Roller Hockey League, Inc and it's representatives, agents, and volunteers from all claims or liability for damages and / or injuries incurred by me and such minor child(ren), in connection with any and all RMRHL events or league program activity.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Would you like to make a donation to support rink programs? Yes \_\_\_\_\_ No \_\_\_\_\_**  
*RMRHL is a Colorado 501(c) 3 organization and contributions are tax deductible.*

**\$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ Other\$: \_\_\_\_\_**

<b>Official League Use Only /Staff Initials: _____ Date: _____ QB INVOICE #: _____</b>
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