

RMRHL Youth League Return Player Registration **Division: 400 – U17**

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\$: _____

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

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