

RMRHL Youth League NEW PLAYER REGISTRATION

Please bring or mail form with your payment to:
Rocky Mountain Roller Hockey League
Attn: Youth Director
3606 South Independence Street
Lakewood, Colorado 80235
303-933-1680 www.rmrhl.org

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: _____
School Attending: _____ Grade Level: _____

Have you ever played organized roller hockey? Yes _____ No _____ Years played: _____

Did you play: Recreational _____ Competitive _____ Last location played? _____

Which program level applies to you? Beginner _____ Intermediate _____ Advanced _____

What position do you play? Offense _____ Defense _____ Goalie _____ Not sure _____

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.

Initial here: _____ If player received the RMRHL player guidebook.

Initial here: _____ If player and parent / guardian have you read & signed the RMRHL Code of Ethics.

Initial here: _____ If player has a valid USA Inline Hockey membership.

Are you a Parent / Guardian interested in coaching at RMRHL? Yes _____ No _____

Are you interested in becoming a rink volunteer? Yes _____ No _____

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\$: _____

Parent or Guardian Signature: _____ Date: _____

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

FORM 09/10-TS