

ADULT LEAGUE

FALL 2010

REGISTRATION FORM

DATE: From oct 3rd to dec 12th Pay in full up front and receive 1 free drop in pass.
COST: PLAYER \$220 GOALIE \$120 SUBSTITUTI \$22 per game
This will be a 10 week, 10 game season. Please sign up asap so we can put the teams together.
There is also a \$25 fee for the ISI insurance.

(circle one) PLAYER GOALIE SUBSTITUTE

NAME _____ D.O.B. _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

RELEASE OF LIABILITY

Release of Liability: I understand that there are certain dangers inherent in playing ice hockey and/ or ice skating, which include but are not limited to injuries from contact with other players/skaters, sideboards, goals, the ice, the puck and equipment. In consideration of being allowed to participate and use the facilities of the Southern Oregon Ice Arena, LLC, dba The Rrrink, I individually and for all others who may make a claim based on injury to me, accept and assume the risk of all personal injury and property damage and fully release, discharge, hold harmless and agree to indemnify the Southern Oregon Ice Arena, LLC, dba The Rrrink and all employees and agents from any liability, claims, loss or damage to me for any personal injury and damage to property which may occur while I am at the Southern Oregon Ice Arena, LLC, dba The Rrrink. I understand that the purpose and intent of this RELEASE is to prevent me, and others who claim through me, from recovering any money from the Southern Oregon Ice Arena, LLC, dba The Rrrink and its employees for any personal injury or property damage I may suffer while playing ice hockey, skating or participating in activities at the Southern Oregon Ice Arena, LLC, dba The Rrrink. I have read this agreement and understand the responsibilities I have assumed hereunder.

This release covers: the "FALL" season 2010. From october 3rd to december 12th.

SIGNATURE _____ DATE _____