
Watertown Lady Raiders Girls Hockey

2011 — 2012 Season



Learn to Skate _____ / Travel Teams: U10 _____ U12 _____ U14 _____ U19 _____

(Please Check One)

APPLICATION

Skater's Name: _____ Date of Birth: _____

Address: _____

E-Mail: _____

Mother _____ Father: _____

Work Phone: _____ Cell Phone: _____

Guardian's Name's): _____ Relationship: _____

Emergency Contact:

Name: _____ Phone : _____

The undersigned agrees if for any reason this changes, I agree to give 30 days written notice to the Watertown Lady Raider Girls Hockey Director.

I hereby assume all risks and hazards incidental to participation in any and all Watertown Lady Raider Girls Hockey. I hereby waive, release Watertown Lady Raider Girls Hockey and their instructors and coaches of any harm or injury.

Signature (parent or guardian if skater is under 18 yrs)