



**Watertown Lady Raiders Girls Hockey
2012-2013 Season**

Learn to Skate ____ / Travel Teams: U10 ____ U12 ____ U14 ____ U19 ____
(Please check one)

APPLICATION

Skaters Name: _____ Date of Birth: _____

Skaters Name: _____ Date of Birth: _____

Skaters Name: _____ Date of Birth: _____

Address: _____

E-mail: _____

Mother: _____ Father: _____

Work Phone: _____ Cell Phone: _____

Guardian's Name(s) _____ Relationship _____

EMERGENCY CONTACT

Name: _____ Phone: _____

The undersigned agree if for any reason this changes, I agree to give 30 days notice to the Watertown Lady Raiders Girls Hockey Directors.

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

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

Please mail to:

Watertown Lady Raiders Girls Hockey
16 Whitney Street
Watertown MA 02472

Note it is important to also e-mail our Registrar: Kerri Gardner
Upon mailing of this form - wktc@rcn.com
to confirm your mailing or you can also scan and e-mail this form.