

**MOOSE SHERRITT SPRING ADULT HOCKEY LEAGUE
PLAYER ROSTER: TEAM NAME:**

#	Name/jersey number	D.O.B.	ADDRESS	CITY	ZIP	HOME PHONE	email address	PAID
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TEAM COLOR: _____

I, _____, the team manager of _____, agree to the following. _____ team assumes all risks and hazards related to participating in the Moose Sherritt Ice Arena Adult League. The above names waive, release and absolve any indemnity and agree to hold harmless the Moose Sherritt Ice Arena and ISD 882, and all staff associated with the parties mentioned for any claim arising from any injury or damage to us or our property. It is specifically agreed and understood that neither the Moose Sherritt Ice Arena or ISD 882 will provide any insurance covering our team. We agree that the Moose Sherritt Ice Arena and/or ISD 882, together with medical, hospital, and emergency personnel may carry out all treatment determined by them to be necessary in the case of injury or illness. This includes rendering of emergency care.

All the information on thos roster, to the best of my knowledge, is true and complete.

MANAGER'S SIGNATURE

DATE

Phone:
Email:
Other Phone:
Address: