WNY Roller Hockey Registration Form: www.buffalowingshockey.com

Have you ever played in the WNY Roller Hockey League? ☐ Yes ☐ No

How did you hear about the WNY Roller Hockey program?

Printed name of parent (if player is under 18 years old)

First			
	: Name	Last Name	Date of Birth
Stre	et Address	City	St Zip
Pho	ne (Home)	Phone (Other)	
_		<u>T</u>	I
'la	yer's age classification is determine □ 3 – 5 vi	ed as of 12/31 of previous year. Proof of Age is	
ne		participate until they have enrolled. You can fill	mbership. Any player that does not acquire the out a membership form at the rink prior to your first
۷h	at description best describes your i	n-line skating and hockey playing experience?	(Youth Only)
1	None ☐ Learn to Play Program	☐ Prior house league experience	□ Other
1a	y we contact you to inform you of fu	ture beginner and Intermediate programs?	□ YES □ NO
7	Adult House League \$180	r Players) \$125 (or \$10 per session) Begins May 16th	
_,		Card #	Exp. Date
	nt name as shown on card		Exp. Date
riı'	nt name as shown on card eck / Money Order #	Card # Signature	Make payable to: WNY Roller Hockey
riı	eck / Money Order #	Card #	Make payable to: WNY Roller Hockey
riı	eck / Money Order # onsideration of me being allowed to participate in an I understand the nature of WNY Roller Hockey I	Card # Signature WAIVER AND RELEASE OF LIABILBILITY AND ASSUMPTIC y way in any WNY Roller Hockey League, I agree and acknowledge League Activities and acknowledge my experience and capabilities are d in facilities open to the public during the Activity. I further agree a	Make payable to: WNY Roller Hockey
rii	eck / Money Order #	WAIVER AND RELEASE OF LIABILBILITY AND ASSUMPTION of in facilities and acknowledge my experience and capabilities are the Activity. I further agree as the Activity. Hockey League Activities involve risks and dangers of SERIOUS Endicated by my own actions, or inaction's, the actions or inaction's stream of the Activity. AMMED BELOW; (c) there may be other risks and soc	Make payable to: WNY Roller Hockey ON OF RISK In the believe I am qualified to participate in such Activity. I further acknowle and warrant that if, at any time, I believe conditions to be unsafe, I will soobilly INJURY, INCLUDING PERMANENT DISABILITY, PARALY, of others participating in the Activity, the condition in which the Activity ital and economic loses either not known to me or not readily foreseeable a
rii :he	eck / Money Order # I understand the nature of WNY Roller Hockey I that I am aware that the Activity will be conduct immediately discontinue further participation in I IFULLY UNDERSTAND that: (a) WNY Roller AND DEATH; (b) these Risks and dangers may takes place or THE NEGLIGENCE OF THE "RI this time; and I FULLY ACCEPT AND ASSUM Activity. I HEREBY RELEASE, DISCHARGE, COVEN. agents, officers, officials, volunteers, and employ considered one of the "Releasees" herein) from a otherwise, including negligent rescue operations.	WAIVER AND RELEASE OF LIABILBILITY AND ASSUMPTION by way in any WNY Roller Hockey League, I agree and acknowledge ague Activities and acknowledge my experience and capabilities are the Activity. I further agree are he Activity. Hockey League Activities involve risks and dangers of SERIOUS E be caused by my own actions, or inaction's, the actions or inaction's be caused by my own actions, or inaction's, the actions or inaction's ELEASEES" NAMED BELOW; (c) there may be other risks and so E ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSE: ANT NOT TO SUE, AND AGREE TO HOLD HARMLESS WNY lees, and other participants, any sponsors, advertisers, and if applicate Il liability, claims, demands, loses, or damages on account caused or and further agrees that if, despite this release I or anyone on my behave a compared to the release I or anyone on my behave the release I or anyone on EXPEN	Make payable to: WNY Roller Hockey ON OF RISK E: Ind believe I am qualified to participate in such Activity. I further acknowled and warrant that if, at any time, I believe conditions to be unsafe, I will SODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALY: of others participating in the Activity, the condition in which the Activity ital and economic loses either not known to me or not readily foreseeable as, COSTS, AND DAMAGES incurred as a result of my participation in the Roller Hockey League, their respective administrators, directors, members, ble, owners and lessors of the premises on which the Activity takes place (e. alleged to be caused in whole or in part by the negligence of the Releasees' If makes a claim against any of the "Releasees" named above, I WILL
Prin	onsideration of me being allowed to participate in an I understand the nature of WNY Roller Hockey I that I am aware that the Activity will be conduct immediately discontinue further participation in I I FULLY UNDERSTAND that: (a) WNY Roller AND DEATH; (b) these Risks and dangers may takes place or THE NEGLIGENCE OF THE "RI this time; and I FULLY ACCEPT AND ASSUM Activity. I HEREBY RELEASE, DISCHARGE, COVEN, agents, officers, officials, volunteers, and employ considered one of the "Releasees" herein) from a otherwise, including negligent rescue operations INDEMNIFY, SAVE AND HOLD HARMLESS INCUR AS A RESULT OF ANY SUCH CLAIM I also irrevocably authorize WNY Roller Hockey sale, production, and advertising in connection th I HAVE READ THIS AGREEMENT, FULLY U IT FREELY AND WITHOUT ANY INDUCEM	WAIVER AND RELEASE OF LIABILBILITY AND ASSUMPTION IN THE PROPERTY OF A STATE	Make payable to: WNY Roller Hockey ON OF RISK The delieve I am qualified to participate in such Activity. I further acknowled and warrant that if, at any time, I believe conditions to be unsafe, I will support that if, at any time, I believe conditions to be unsafe, I will solution. It which the Activity of others participating in the Activity, the condition in which the Activity is all and economic loses either not known to me or not readily foreseeable at St., COSTS, AND DAMAGES incurred as a result of my participation in the Roller Hockey League, their respective administrators, directors, members, ble, owners and lessors of the premises on which the Activity takes place (ea alleged to be caused in whole or in part by the negligence of the Releasees alfi makes a claim against any of the "Releasees" named above, I WILL ISE, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST AS M. s, without compensation, in photography, video or any format for publication of the premise of the respective and the properties of the respective and the properties of the respective and the properties of the Releasees of the Release of the Releasees of the Releasees of the Releasees of the Release of the Releasees of the Release of the R

Signature of parent