

REGISTRATION FORM

Registering for:		rn to Play (h rn to Skate (ockey) skating club)
Participant Name:			
Date of Birth:			
(Mo	nth)	(Day)	(Year)
Home Address:			
Parent Name:		Phone: _	
Parent Name:		Phone:	
Preferred Email:			

Send your completed registration or any questions to:

Derek Martin redcliffmhapresident@gmail.com 403-502-6225

Waiver Form

I agree to release the Learn to Play/Learn to Skate program, the Redcliff Minor Hockey Association, Redcliff Skating Club, Rec-Tangle Arena, and all other program associates from any claims or damages associated with participating in this event. I also assume full responsibility for any bodily injury that may occur as a result of my child/dependent enrolling and participating in this program.

Signature:		Date:	
	(Parent/Guardian)		