



WaterCity Sports Indoor Roller Hockey

Please provide the following player information and fax or return to:

WaterCity Sports Center

2800 Second Avenue
Marina California 93933
Telephone: 831-384-0144
Fax: 831-384-0785

Child's Name: _____ **Age:** _____

Female Male (please circle one)

Date of Birth: _____

Parent's Name or Guardian: _____

Phone Number: _____

Address: _____

Shirt size (please circle): S M L XL

Roller Hockey team preference (if applicable): _____ Coach: _____

Email address (write clearly): _____ School: _____

Release of Liability and Permission to Play

I, Parent or Guardian, accept that participation in the WCS Indoor Roller Hockey program could possibly lead to injuries. I accept this and hold harmless WaterCity Sports, its officers, coaches and managers from damages or injuries which may occur from participation in the roller hockey programs.

Parents Signature: _____ Date: _____