NEWTON INDOOR SPORTS CENTER

OFFICIAL TEAM ROSTER and WAIVER FORM

Team Name: _____ **Division/Day:** 2006 #25 Memorial Tournament **Sport:** Roller Hockey

Team/Coach/Contact: _____ **Home Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

No.	Player's Name	Age/DOB	Address	Phone/Email	*Parents/Player's Signature (see below)
					Rosters will be signed at check-in on the day of the tournament

*If under 18, Parent or Guardian must sign. Having read & understood each component of the waiver & release printed below; I hereby affix my signature in full acceptance & understanding of it's terms.

Hold Harmless Release: I hereby give my approval for my participation/my son/daughter's participation in any and all games, leagues, activities during the current season. I assume all risks & hazards, physically, mentally or otherwise, for myself/my child, or any other of my invitees who may use the facility during the scope of this season which are incidental to such participation. I hereby waive, release, absolve, indemnify & agree to hold harmless the organizers, sponsors, supervisors, participants, employees, officials, corporation owners & owners of the premises from any & all activities for any claim, medical, legal or otherwise, arising out of injury to me/my child at any such activity/game/program pertaining to the operation of The Newton Indoor Sports Center, Inc.