

OAKLAND BRAVES ROLLER HOCKEY  
2017/2018 REGISTRATION FORM

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #1 email & phone: \_\_\_\_\_

Contact #2 email & phone: \_\_\_\_\_

Returning Player: Y or N Level of Play: Beg / Inter / Adv Position: \_\_\_\_\_

Name to be printed on Jersey: \_\_\_\_\_

Jersey Size: YM YL YXL AS AM AL AXL AXXL

Sock Size: Youth (22-24") Int. (24-26") Adult (30-32")

Jersey #  
(Returning  
Player): \_\_\_\_\_

Jersey # (New Player)  
Choose 3:

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Registration Fee of \$82 for Clinic Level & \$107 for Upper Level. Checks made out to: Borough of Oakland  
If ordering Jersey & Socks: Separate check made out to Gilby's - \$50 for Jersey & \$13 for Socks

### Oakland Roller Hockey Release

This Hockey program is intended to impart ideals of good sportsmanship and team play, while helping our players to learn and improve their hockey skills. All players will be required to wear full, league approved equipment in order to participate. The games are competitive in nature.

As the parent/guardian of the above named child, I understand that by signing this consent form, I am willing to let my child participate in this program. I understand this activity as described above and I understand and consent to the conditions of the program stated. I will not seek or pursue any claims against the instructors/coaches, supervisors/board members, the town of Oakland, and/or any of their agents, employees or volunteers, unless such injury is caused solely by their gross negligence.

### Emergency Treatment Authorization / Contact Information

Player's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please note any allergies, chronic illnesses or other medical conditions the staff should be aware of:

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