



Please Circle:

- Future RoughRiders (\$695)
- Little RoughRiders (\$1500)
- RoughRiders House League (\$995)
- RoughRiders Development League (\$2800)

Players Name: _____ DOB: _____

Phone: _____ Email: _____

Parent(s) Name: _____

Last Year Team: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Visa/MC: _____ Code: _____ Exp: _____

Waiver:

I agree I shall provide health insurance to cover my personal injury or property damage sustained by the student/player while participating in any event. I understand ice hockey skating is a dangerous sport and injury, paralysis and even death may result. I therefore release and forever discharge SoNo Ice House and its staff from any demands, cause of action, suits or liability from any damages, whether emotional, physical or property, which I, as a student or spectator, or my child as a student, while participating in all SoNo Ice House programs. SoNo Ice House holds the Right of a NO-REFUND policy, regardless of the student or parent's reason for cancellation.

Signature: _____ Date: _____

*Ask about our Sibling discount