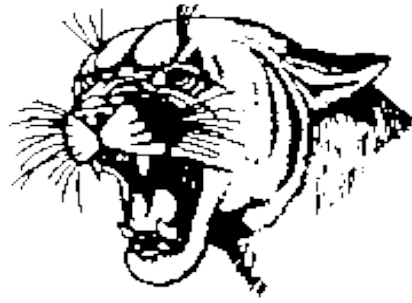


COUGARS ROLLER HOCKEY CLUB



567 Cambridge Road
Turnersville, NJ 08012
www.cougarsrollerhockey.com

TRYOUT APPLICATION

All players are required to wear approved inline skates, approved helmets with full face protection, protective cup, mouth guard, shin pads, elbow pads, gloves and have their own stick. It is strongly recommended that all players also wear hip pads.

NAME _____ AGE _____ DOB _____
ADDRESS _____ PARENTS NAMES _____

POSITION _____ SHOOTS L R
PHONE _____ JERSEY # - 1st choice ___ 2nd ___ 3rd ___
E-MAIL _____ EXPERIENCE _____
SCHOOL _____ GRADE _____

PLEASE LIST OTHER ACTIVITIES THAT YOUR CHILD PARTICIPATES IN (INCLUDING OTHER HOCKEY ACTIVITIES) AND APPROXIMATE DATES FOR EACH.

PLEASE LIST ANY SKILLS YOU MAY HAVE THAT MAY BE OF HELP TO THE CLUB OR IF YOU WOULD LIKE TO VOLUNTEER IN ANY WAY TO HELP THE CLUB.

RELEASE

THE UNDERSIGNED ASSUMES ALL RESPONSIBILITY FOR ANY AND ALL RISK OF DAMAGE OR INJURY THAT MAY OCCUR TO THE ABOVE NAMED PLAYER AS A PARTICIPANT IN THE COUGARS ROLLER HOCKEY CLUB INCLUDING PRACTICES, SCRIMMAGES, GAMES AND OTHER ACTIVITIES RELATED TO THE CLUB. IN CONSIDERATION OF SUCH, THE UNDERSIGNED HEREBY RELEASES AND DISCHARGES THE COUGARS ROLLER HOCKEY CLUB, IT'S BOARD MEMBERS, COACHES AND ANY CLUB VOLUNTEERS, AS WELL AS SKATER'S CHOICE, IT'S OPERATORS, EMPLOYEES, AGENTS, SUPERVISORS AND OTHER PLAYERS FROM ALL CLAIMS, DEMANDS, RIGHTS OR CAUSES OF ACTION PRESENT OR FUTURE, WHETHER KNOWN OR ANTICIPATED AND RESULTING FROM OR ARISING OUT OF OR INCIDENT TO THE PLAYER'S PARTICIPATION IN THE CLUB.

DATE _____ SIGNATURE _____