



**Ice Agers
2008/2009 Ladies Registration Form**

Player Name: _____ Date of Birth: _____
Address: _____
City: _____ Postal Code: _____
Home Phone Number: _____ Cell Phone Number: _____
Care Card Number: _____ Emergency Contact: _____
E-Mail Address: _____

Registration Fee.....\$250.00

*One cheque only, dated July 15, 2008. Please make cheque payable to
Richmond Ringette Association

In consideration of acceptance of this registration, the undersigned parent or guardian of the player, on behalf of both the undersigned and the player, does hereby release the Richmond Ringette Association and its Executive Board team officials and agents (collectively the "Association") from any and all liability for any injuries sustained by the player arising out of or related in any way to the player's involvement in the Richmond Ringette program, whether caused by or arising out of the negligence of the Association or any of its employees or agents or occurring in any other manner whatsoever.

Signature

Date

Administrative Use Only

Registration Fee \$ _____ Cheque # _____
Cash _____

Mail to: Richmond Ringette, 186-8120 No. 2 Road Suite #299, Richmond, BC V7C 5J8