

Rogers Edge with Matt Rogers

2017/18 PLAYER APPLICATION

Players must enroll in their appropriate age groups

Team Level (circle please)

1995 1996 1997 1998 1999 2001 2002 2003 2004 2005 2006 2007 2008 2009

Participant Name _____ Position _____

Street Address _____ Town/City _____ State _____ ZIP _____

Date of Birth ____/____/____ Daytime Telephone # _____

Email Address _____

Injury Waiver

In consideration of his/her being permitted to participate in this ice hockey program, the undersigned hereby releases the Rogers Edge and Matt Rogers and the above-mentioned program and their officers, agents and employees from any liability for any injury suffered during the ice hockey activity or in travel to and from the activity. I further attest that the above-mentioned participant is physically and medically qualified to participate in said program.

Parent Signature (if under 18) _____ Date _____

Fee Paid _____ Check # _____

Please fill this form out completely and return top portion with your player fee to:

Matt Rogers, 25 PIONEER CIRCLE ATTLEBORO, MA 02703

Make check payable to Matt Rogers

Please contact Matt Rogers at matt@rogersedge.com