

SOUTHERN ALBERTA SENIOR MEN'S HOCKEY LEAGUE

TEAM REGISTRATION FORM

TEAM NAME _____

DATE _____

I understand that the Southern Alberta Senior Men's Hockey League and/or its proprietors will not be held responsible for any accident, injury, or loss, however caused, and I agree to release Southern Alberta Senior Men's Hockey League, its proprietors, employees and agents from any and all claims or damage which may arise as a result of, or by any reason, such accident, injury, loss or medical expenses.

TEAM ROSTER

| | PRINT NAME | SIGNATURE | RES. PHONE | BUS. PHONE |
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SIGNATURE OF REP _____