



ALL NEW & IMPROVED!

# InterSkate

Roller Hockey Program



## Registration Form

You must fill out a separate form for each player (even if more than 1 player in the same family)

### PLAYER INFORMATION

Players First Name: \_\_\_\_\_  
 Players Last Name: \_\_\_\_\_  
 Players Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
 Players Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Parent's Phone (home) \_\_\_\_\_  
 (mobile) \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Players Skill Level

Beginner  
 Advanced  
 Expert  
(circle one)

#### Player's Desired Position

Offense  
 Defense  
 Goalie  
(circle one)

### PAYMENT INFORMATION

Circle One: Check    MasterCard    Visa    Cash  
 Name on Card: \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_/\_\_\_\_  
 Security Code: \_\_\_\_\_ found on the back of card to the far right side

**Mail form and payment to:**  
**InterSkate**  
**131 Guy Rd.**  
**Clayton, NC 27520**  
**Tele: (919)359-2252**

I hereby assume all risks and hazards incidental to the conduct of the activities in which my child participates in at InterSkate Family Fun Center. I release, absolve, and indemnify InterSkate Family Fun Center owner's, management, staff, and instructors from all risks and hazards associated with activities and in the event of injury, do expressly waive all claims against them. I fully understand that InterSkate Family Fun Center does not provide insurance coverage. I also understand that the only insurance available for InterSkate's hockey program is through USA Hockey.

Parent/Guardian Signature: \_\_\_\_\_

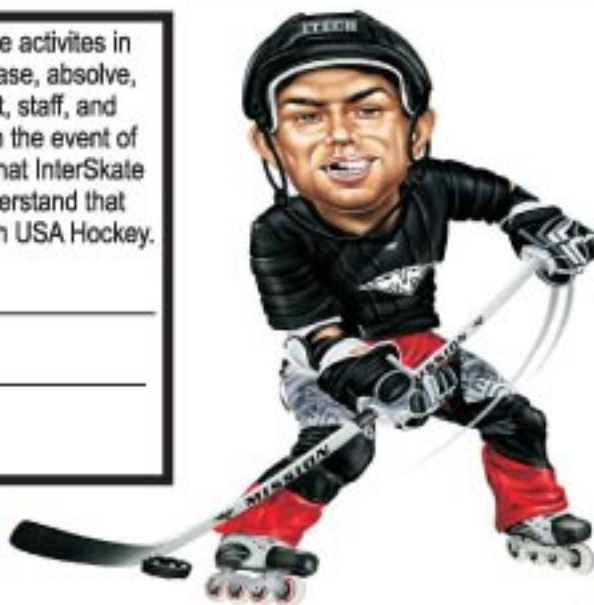
Parent/Guardian Name: (printed) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**InterSkate Family Fun Center**

**131 Guy Rd. Clayton, NC**

ph.(919)359-2252 fax:(919)359-2255



form must be completely filled out & accurate in order for your registration to process correctly

**Mail or Return to InterSkate at 131 Guy Rd. Clayton, NC 27520**