

JERSEY #		TEAM NAME :				WINNIPEG CENTRAL HOCKEY LEAGUE ROSTER 20__ / __			
H	A	NAME		ADDRESS	PHONE	BIRTHDATE	SIGNATURE	E-MAIL ADDRESS	
		SURNAME	FIRST NAME	STREET	POSTAL CODE	MM / DD / YY			
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NOTE: YOU MAY SIGN UP TO 25 SKATERS AND 2 GOALIES, MANAGERS PLEASE USE LAST SPOT.

READ AND UNDERSTAND THE "RELEASE AND ASSUMPTION AGREEMENT" BEFORE SIGNING. RELEASE AND ASSUMPTION: IN SIGNING THIS FORM, I DECLARE THAT I HAVE READ AND UNDERSTAND FULLY THE DETAILS OF THE "RELEASE AND ASSUMPTION AGREEMENT." THAT ACCOMPANIES THIS FORM AND AGREE TO RELEASE FROM LIABILITY AND WAIVE ALL CLAIMS.