



Roseville Raiders Girls Hockey Captains Practice 2019-2020 Season

Captains Practice

Dates / Times: Please see attached schedule

Fee to Participate

\$100 (Tradition Hockey to run practices)

Checks Payable To:

Roseville Girls Booster Club

Players must turn in fee along with signed waiver prior to participating in Captain's Practice. NO EXCEPTIONS.

RGH Booster Board Members will be at the first few ice times to collect waivers and fees. Or you can mail them to:

Andrew Knutson
RGH Booster Club
859 Pinetree Court
Little Canada, MN 55109

2019-2020 Team Captains

Ellie King
Ali Granovsky
Bella DiGiorno
Lauren Distad

Roseville Raiders Girls Hockey Captains Practice Schedule 2019-2020 Season

DATE:

ICE TIME

September 5	7:00pm – 8:00pm
September 7	8:15pm – 9:15pm
September 12	7:00pm – 8:00pm
September 14	8:15pm – 9:15pm
September 19	7:00pm – 8:00pm
September 21	8:15pm – 9:15pm
September 28	8:15pm – 9:15pm
October 3	7:00pm – 8:00pm
October 5	8:15pm – 9:15pm
October 10	7:00pm – 8:00pm
October 12	8:15pm – 9:15pm
October 17	7:00pm – 8:00pm
October 19	8:15pm – 9:15pm
October 26	9:15pm – 10:15pm*

Note*: No Captains on Thursday, September 26 or October 24 + later start time on October 26



Roseville Raiders Girls Hockey

Captains Practice Waiver Form 2019 - 2020 Season

Athlete's Name: _____

Address: _____

Phone: _____

Email: _____

Parents/Guardians: _____

Release of Liability / Acknowledgement of Risk:

I/We, the parents/guardians of _____ give permission for my/our child to participate in the Roseville Girls Hockey Captains Practices. I/We assume all the risks and hazards related to the participation in all activities related to the Captains Practice. I/We waive, release and absolve and indemnify and agree to hold the Roseville Girls Hockey Booster Club, all participants in Captains Practice, Roseville Ice Arena, and Roseville High School harmless for any claim arising from any injury that occurs to my child.

It is specifically agreed that the Roseville Girls Hockey Booster Club will not provide any insurance covering my child.

Medical Release

In the event my/our child is injured during the absence of parent or legal guardian, I/We give permission for the person in charge to seek medical attention. My/Our child is covered for sickness, accident or injury under the following policy:

Name of Insurance Company: _____

Policy #: _____

Policy Holder: _____

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____

Date: _____

Participants will **NOT be allowed on the ice without a signed waiver.**

Thank you,
RAHS Girls Hockey Booster Club