

TEARA NIABAT.

WHERE ATHLETES TRAIN

RHP TRAINING CENTRE 1351 KELLY LAKE ROAD SUDBURY, ONTARIO P3E 5P5

OFFICE: 705-523-9427 **TOLL FREE:** 1-888-330-8873

Fax: 705-523-2534 INFO@RHPTRAINING.COM

TEAM ROSTER INFORMATION FORM

LEAGUE START DATE. MANAGER/COACH SIGNATURE	Date
LEAGUE START DATE.	
	-
REGISTRATION PACKAGE WILL NOT BE ACCEPTED UNTIL ALL DOCUMENTS A	ARE COMPLETE AND MUST BE SUBMITTED NO LATER THAN 7 DAYS PRIOR TO
IF THIS PROCEDURE IS NOT COMPLETED BEFORE THE GAME IN QUESTION TO	HE LIABILITY OF THESE PLAYERS/GOALIE WILL LIE ON MANGER/COACH.
EACH INDIVIDUAL PLAYER, GOALIE, COACHES AND MANAGER.	
Game are on your roster that was completed by March $15^{\text{th}}.$ The	E PLAYERS/GOALIE FORMS MUST BE COMPLETED ONLINE BY $f M$ ARCH ${f 15}^{TH}$ BY
WAIVER FORM COMPLETED THEIR OWN ONLINE REGISTRATION FORM. YOU ALSO TAKE RESPONSIBILITY THAT THE PLAYERS THAT ARE PLAYING EACH	
AS THE MANAGER/COACH FOR THIS TEAM YOU WILL BE TAKING FULL RESI	PONSIBILITY THAT THE PLAYERS/GOALIE HAS SIGNED REGISTRATION AND
- IF A REPLACEMENT PLAYER OR GOALIE IS ABSOLUTELY NEEDE	ED (THIS IS ONLY IF 3 OR LESS PLAYERS FROM TOUR ROSTER CAN PLAY)
- READ THE LEAGUE RULES AND CODES OF CONDUCT AND WIL	L ADHERE TO THEM.
FOLLOWING EXPECTATIONS.	
	TEAM HAVE READ, UNDERSTAND AND AGREE TO THE
2019 CONTRACT FOR COACH C	DR MANAGER OR TEAM CONTACT
PLAYER NAME:	
GOALTENDER NAME:	
PLAYERS:	
EMAIL:	Phone:
EMAIL: TEAM CONTACT/MANAGER:	PHONE:
EMAIL:	Phone:
DIVISION: REC/REP HEAD COACH:	
DIVISION: REC/REP	