2010 BLUE DEVILS INVITATIONAL
TEAM ROSTER/WAIVER FORM

TEAM NAME:		LEVEL:	
PLAYER #	**PLAYER NAME**	**PARENT SIGNITURE**	**BIRTHDATE**

TEAM POSITION	COACH/MANAGER NAME	SIGNATURE
Head Coach		
Assistant Coach		
Team Manager		

I/WE agree to hold the Western Wisconsin Blue Devils, all representatives, agents, and other appointed officials harmless of any injury that may come from my/our player participation in the Blue Devils Invitational Hockey Tournament. I/WE also agree to hold the Western Wisconsin Blue Devils harmless of player personal items and/or equipment before, during, and after player participation in the Blue Devils Invitational. I/We also understand that there is no insurance coverage provided, and I/We will have USA Hockey insurance provided for all players and coaches. By signing this form I agree to the information above.