

**Joe Dziedzic's 3 on 3 Shinny League - @ Parade Ice Gardens**

PLAYER NAME \_\_\_\_\_

PARENT NAMES \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTH YEAR \_\_\_\_\_ MOST RECENT SEASON'S LEVEL (CIRCLE) 'A' OR 'B'  
MITES SQ PW BANT

ASSOC TEAM \_\_\_\_\_ SUMMER TEAM \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ (This payment is non-refundable)

**PARENT CONSENT FORM**

I understand that Joe Dziedzic Hockey does not carry insurance on participants.  
I expressly assume all risk of loss or injury and hereby release and agree to save, hold harmless and indemnify Joe Dziedzic Hockey including Joe Dziedzic and/or any staff, coaches and employees and the arena, its staff and employees from all liability for any injury or harm or damage I or my child may sustain while a participant.  
The assumption is acknowledged, and approved by the signature hereto. I also agree to possess Primary insurance that covers my child's activities in the league.  
I have read the forgoing and agree to the terms and conditions and give my consent for my child to participate in Joe Dziedzic Hockey.

\_\_\_\_\_  
(Parent/Guardian signature)

Mail Payment and Registration to:

Joe Dziedzic Hockey  
2195 Marion Road  
Roseville, MN 55113  
651-330-2468