



**Minnesota Pride Hockey Club**

**Registration**

*Registrations accepted from June 1<sup>st</sup> to Tryout Dates*

**Print document and then fill out.**

**Player Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Team last skated for:** \_\_\_\_\_ **Level:(circle) A B C**

**Position:** Forward Defense Goalie **Shoots:** Right Left **Height:** \_\_\_ **Weight:** \_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_**

**Email:** \_\_\_\_\_

**Parent Name(s)** \_\_\_\_\_

**Waiver and Release of Liability**

Participant and guardian hereby affirm that by enrolling in any of the Minnesota Made Hockey programs, participant and are required to provide all protective equipment to be used by participant in the program and participant and guardian are responsible for the safety and good operating condition of said equipment. Participant and guardian understand and agree that neither Minnesota Made Hockey nor members of the program, owners, operators, sponsors, agents or instructors of Minnesota Made Hockey may be held liable in any way for any occurrence in the connection with the programs which may result in injury, death, or other damages to participant or participant's family, heirs or assigns. Participant and participant's guardian have agreed to these release terms of their own free will. Participant and guardian assume responsibility for participant's physical fitness and capability to perform under normal conditions of Minnesota Made Hockey. Furthermore, I understand that Minnesota Made Hockey reserves the right to use any pictures or videos taken during any programs for advertising or promotional purposes.

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Tryout fee is \$29.00.**

**Make check payable/mail to:**

**Minnesota Made Hockey  
7300 Bush Lake Road  
Edina, MN 55439**

**-Or-**

**Visa/Mastercard payment**

Please fill in all info for credit card payments.

A 2.5% is added to all charges

**Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp.** \_\_\_/\_\_\_ **Amount \$** \_\_\_\_\_

**Cardholder Name** \_\_\_\_\_

**Billing address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**If you have any questions, please call us at 952.746.9033**