



# Registration Form

Players Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Most recent team: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Hm# \_\_\_\_\_ Wk #: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Dad E-mail: \_\_\_\_\_

Mom E-mail: \_\_\_\_\_

Does father coach? \_\_\_\_\_ Player's position: \_\_\_\_\_

Clinic Name	Clinic Number	Amt. Paid
1. _____	# _____	\$ _____
2. _____	# _____	\$ _____
3. _____	# _____	\$ _____
4. _____	# _____	\$ _____
5. _____	# _____	\$ _____

Credit Card payment: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ 3 digit # \_\_\_\_\_

Make check payable to/mail to:  
**Minnesota Made Hockey**  
7300 Bush Lake Rd. • Edina, MN 55439 • (952) 746-9033

**Your cashed check or processed credit card is your confirmation for entry into the clinic. No letter will be sent.**

A 2.5% convenience fee will be automatically added to all credit card payments. **Waiver and Release of Liability:** Participant and guardian hereby affirm that by enrolling in any of the Minnesota Made Hockey programs, participant and guardian 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 have read and understand the contents of this assumption and release. Participant and guardian assume responsibility for participant's physical fitness and capability to perform tinder 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 and promotional purposes.

\_\_\_\_\_ (Initial) **Cancellation Policy:**

\*Remember that there are no refunds or credits for cancellations for any reason **medical or otherwise.**

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

\*\*Parent/Guardian signature required with all registrations\*\*