



2026 Eden Prairie Girls Hockey  
 Summer Training Program  
 Registration Form

---

Registration Cost\*: \$450 per player (see below for payment options)

\*Cost includes all On-Ice STP Sessions

Player(s) Info:	2025-2026 Team
Name: _____	_____
Name: _____	_____

Preferred Emails: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates: June 1 – July 30

Days: Mondays and Thursdays (16 sessions)

Time: 5:00-6:30 pm (EPCC Rink 1)

Payment Options:

Venmo: @Steve-Persian

By Check – make check payable to **All Star Hockey** and please mail to:  
 All Star Hockey  
 C/O Steve Persian  
 1005 Hunt Farm Road  
 Orono, MN. 55356



**ALL STAR HOCKEY, LLC  
AUTHORIZATION AND RELEASE**

1. I am the parent or legal guardian of \_\_\_\_\_ (“Participant”).  
(Print player’s name)
2. I request that Participant be allowed to participate in the hockey training and dryland related activities (the “Program”) conducted by All Star Hockey, LLC, Steve Persian, the staff and any volunteers (collectively “All Star Hockey”), and I am signing this Authorization and Release in consideration of the acceptance of Participant’s registration and participation in the Program.
3. I understand that hockey is a physical sport and can result in injuries, including serious and permanent injuries, disabilities, or death. I understand that these injuries, disabilities, or even death can result from the nature of the sport itself, through accident, through Participant’s negligence, or the negligence of others, including All Star Hockey. I understand too, that there may be additional risks and dangers not known to me or not foreseeable at this time.
4. I hereby knowingly and voluntarily assume all risk of injury or even death on Participant’s behalf while he or she is participating in the Program. I hereby agree, on behalf of myself and on behalf of Participant, or anyone else on Participant’s behalf, to waive, release and forever discharge All Star Hockey, LLC, Steve Persian, the staff and any volunteers from any and all damages, claims for liability and causes of action for injuries, death, or property damage arising or resulting from, or in any way connected with, Participant’s participation in the Program. This includes, but is not limited to, claims, or causes of action for negligence, personal injury, property damage, or wrongful death.

---

Signature of Parent or Legal Guardian

---

Date



**All Star Hockey, LLC  
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize All Star Hockey, its Program staff and volunteers to give my child first aid/medical care when appropriate for any injury that could arise from participation in an All Star Hockey Program sanctioned event.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize All Star Hockey Program staff and volunteers to transport my child to the nearest medical care facility and/or \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_  
Other Health Concerns: \_\_\_\_\_

**(Please include additional documentation for all medical considerations as necessary)**

**Emergency Contacts (In order to be contacted)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Primary Phone _____
Parent/Guardian Name: _____	Primary Phone _____

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date (valid for 1 year)



## 2026 STP Dates

### Mondays

June 1  
June 8  
June 15  
June 22  
June 29  
July 13  
July 20  
July 27

### Thursdays

June 4  
June 11  
June 18  
June 25  
July 2  
July 16  
July 23  
July 30