

# 2019-20 Anoka Mini-Cyclones Hockey

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

## Parental Consent

In consideration of the acceptance of \_\_\_\_\_ as a skater in Anoka Mini-Cyclones Program the applicant agrees that AAHA / AAIA or their staff, coaches, or employees will not be held responsible for any accidents or loss of personal property, however caused, and agree to release AAHA /AAIA from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/or participating in the Anoka Mini-Cyclones Program are assumed by the skater and his/her parents and/or guardian and this assumption is acknowledged, approved by their signature hereto.

We have read the foregoing, and have explained its meaning to our child and agree to the terms and conditions as stated. We the parents of the above signed applicant, give our consent to his/her participation in the Anoka Mini-Cyclones Program.

I understand that as a condition of enrollment, I am responsible for providing medical insurance coverage for any medical expenses incurred.

PARENT SIGNATURE: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Special Medical Conditions or Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_

If yes: Explain: \_\_\_\_\_

This form needs to be completed and signed before any participant can skate on the ice.

AAHA: Anoka Area Hockey Association. AAIA: Anoka Area Ice Arena

AAHA sponsors and supports the Anoka Mini-Cyclones Program