



## 3 on 3 Game Time Registration Form 2024

Player Name: \_\_\_\_\_

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

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

Player Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_

Hockey/Skating Experience: \_\_\_\_\_

Parent Names and Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Jersey Size: (circle one youth sizes) SMALL Medium Large

Register My Child For: (circle one group) **\$320**

*Checks payable to: Little Twigs Hockey School*

***PARENT WAIVER/PERMISSION TO READ AND SIGN:***

I agree to let my child participate fully in Little Twigs Hockey School. We are aware of the inherent dangers that come with playing the sport of hockey. We agree to waive Little Twigs Hockey School, and its employees, from all responsibility should my child suffer an injury while playing hockey during this hockey clinic. I am also aware that my child will not be allowed on the ice without proper protective equipment, including a mouthguard. Little Twigs Hockey School may also use my child's picture on its website.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please print registration form, complete, enclose check and mail to:**

*Joe Krmpotich*

*Attn: Little Twigs Hockey School*

*7274 Tartan Curve, Eden Prairie, MN 55346*

\* You will receive a confirmation e-mail after we receive your completed form and full payment. Due to limited space in Little Twigs Hockey School, your fee is non-refundable.

\* Please note that the minimum age to participate in Little Twigs is 5 (by end of camp)