



Winter Registration Form

Player Name: _____

Address: _____

City: _____ Zip: _____

Player Age: _____ Date of Birth: _____ - _____ - _____

Gender: _____

Hockey/Skating Experience: _____

Parent Names and Phone Number: _____

E-mail address: _____

Register My Child For: 1:15 pm to 2:15 pm March
(circle one group) \$280

Register My Child For: 2:15 pm to 3:15 pm March
(circle one group) \$280

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. Little Twigs Hockey School may also use my child's picture on its website.

Parent Signature

Date

Email: jakrmpotich@aol.com to reserve your spot today! 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 these clinics is 3yr old.