

GIRLS ELITE II LEAGUE APPLICATION

PLAYER INFORMATION:		High School Team:		
Name	Position D F G	H.S. Jersey #	Class of...	Birth date
Address		City	State MN	Zip
Parents Names		Home Phone		
		Other Phone		
Player e-mail:				
Parent e-mail:				

TRYOUT DATES, TIMES AND LOCATIONS:

Please indicate 1st Choice, 2nd Choice, 3rd Choice etc.

Choice:	Session	Date	Time	Location
_____	1	Saturday Sept. 12	11:50am – 1:20pm	Schwan’s Super Rink 7
_____	2	Saturday Sept. 12	1:30 – 3:00pm	Schwan’s Super Rink 7
_____	3	Saturday Sept. 12	1:50 – 3:20pm	Schwan’s Super Rink 6
_____	4	Saturday Sept. 12	3:30 – 5:00pm	Schwan’s Super Rink 6
_____	5	Sunday Sept. 13	9:00 – 10:30am	Schwan’s Super Rink 7
_____	6	Sunday Sept. 13	9:30 – 11:00am	Schwan’s Super Rink 8
_____	7	Sunday Sept. 13	10:45am – 12:15pm	Schwan’s Super Rink 7
_____	8	Sunday Sept. 13	11:15am – 12:45pm	Schwan’s Super Rink 8
_____	**Any Session			

**(If it does not matter to you which session you attend, it would be most helpful in accommodating those with conflicts if you would check off this last line, Thanks.)

\$25.00 (Tryout Fee)

Make Checks Payable to: MGHCA

Send to: Tom Maeckelbergh

\$350.00 (League Fee)

20195 Connie Drive

Oak Grove, MN 55303

Assumed Risk Agreement:

- I understand that participation of any nature in an athletic activity offered by the Minnesota Girls Hockey Coaches Association (“MGHCA”) can be dangerous and involves the risk of potentially serious injury. I understand that these risks, especially those involving contact sports, can cause, among other injuries, death or serious head, neck, or spinal injuries which may result in partial or complete paralysis. In addition, injuries may occur which affect all or any part of the skeletal, muscular, visual, and circulatory systems or may impair my general well-being. Such injury could seriously affect my future ability to earn a living or to live a full and productive life.
- I understand and am willing to accept responsibility for following all rules established by the coaches regarding behavior, playing skills, and training regulations.
- I voluntarily and knowingly recognize, accept, and assume these above risks and release the MGHCA, and its agents, officers, officials, employees, instructors, and coaches from any and all liability. Also, it is further agreed that any equipment which the MGHCA may use in conducting its programs is not guaranteed or warranted in any fashion, except as indicated by the manufacturer. I have read and fully understand the risk potential indicated above.

Release:

In consideration of being allowed to participate in any way in the MGHCA Development Program and related events and activities, the undersigned hereby:

- Agree that prior to participating, will inspect the facilities and equipment to be used, and if I believe anything to be unsafe, I will immediately advise my coach or a supervisor of such conditions and refuse to participate.
- Acknowledge that it is the participant’s responsibility to be properly insured and/or to pay any medical costs in the event of an injury.

THIS FORM MUST BE COMPLETED AND RETURNED

