
 ***SIMLEY*** 
GIRLS' HOCKEY

FALL 2009 CAPTAINS' PRACTICE WAIVER

This form must be turned in at the first event (Sun Sept. 13 7:30P Vets East) with \$75 check payable to "Simley Girls' Hockey Boosters"

I (print parent/guardian name) _____, parent/guardian of (print daughter's name) _____, agree to allow my daughter to participate in the Simley girls' hockey fall 2009 captains' practice and related activities. I release the ISD 199 School District & its employees, the Simley Girls' Hockey Booster Club & its members, any contracted coaching entity & its staff, and the City of Inver Grove Heights (Vets Arena/"The Grove") & its employees from bearing any legal or other responsibility should an accident occur in doing so.

Parent/Guardian Signature: _____

Date: _____

Participant Signature: _____

Date: _____