



Elk River Girls Hockey Booster Club
Pre-Tryout Conditioning Clinic
Registration Form and Waiver

Elk River Girls Hockey Boosters
P.O. Box 814
Elk River, MN 55330

Elk River/Zimmerman HS Waiver

By signing below.....I hereby state that I will not hold liable the Elk River Girls Hockey Booster Club, Elk River Ice Arena, the City of Elk River, Elk River High School, any related coaching staff, or any other organization for any injury or illnesses sustained while participating in *Elk River/Zimmerman Girls High School Hockey Fall Conditioning.*

I also realize that the staff may have to act in a medical emergency concerning my child. I give my permission for them to do so.

Player Name: _____

Parent Signature: _____

Parent Phone Number: _____

***SIGNED WAIVER MUST BE RECEIVED BEFORE PLAYER IS ALLOWED
ON THE ICE! THANK YOU!***