



South Stars AAA Hockey  
**PLAYER WAIVER FORM**

**Player Name:** \_\_\_\_\_ **Birth Year** \_\_\_\_\_

**Waiver and Release**

**Any player not listed and signed for by their parent or guardian will not be allowed to participate in South Stars AAA Hockey in 2014**

**WAIVER:** In consideration of being allowed to participate in the **South Stars AAA Hockey**, related events, and activities, the undersigned acknowledge and agrees, on behalf of the attending team that the **South Stars AAA Hockey** will not be held responsible for any accidents, injury or loss however caused and hereby releases and holds harmless the **South Stars AAA Hockey**, their officers, directors, officials, coaches, agents, and/or employees, volunteers, other team participants and coaches, arena officials, arena employees, owners, sponsors, and advertisers, with respect to any and all injury, disability, or loss to person or property, whether caused by the negligence of the releases or otherwise.

**Signature of Parent/Guardian:** \_\_\_\_\_



**South Stars AAA  
Bantam Hockey  
(1999, 2000)**

**Tryouts**

February 23, 2014  
5:30-7pm

Four Seasons Arena East Rink  
Owatonna, MN 55060

Tryout Fee \$40  
(Towards registration fee)

**16.5 Hours Practice Ice**

Tuesdays and Thursdays  
July 15-August 19, 2014

**5 Dry land Sessions**

**Summer Finale AAA Tournament**  
August 24-28, 2014

\* Please fill out registration on inside  
and sign waiver on back.

# 2014 South Stars

## AAA Bantam 1999/2000

### Hockey Registration



#### Player:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

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

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

Health Insurance: \_\_\_\_\_

Member # \_\_\_\_\_

Group# \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Any special needs: \_\_\_\_\_

#### Parent/Guardian:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

email: \_\_\_\_\_

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

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

#### Fee Schedule:

**Tryouts: \$40** (Due ASAP before tryouts)

Applied to Registration fee

**Registration Fee: \$475**

(Due by May 1, 2014)

**Make Checks payable to:**

Brian Distel

Note: South Stars AAA Hockey

**South Stars AAA Hockey**

1260 Truman Avenue

Owatonna, Minnesota 55060

**Contacts:**

Brian 507-993-2059

Nikki 507-455-6402

\* Please fill out this form and turn it in with your check for \$40 at tryouts.

\* Health coverage info is required in case of injury.

\* Birth Certificates are required at your earliest convenience.