

***Mankato Area***

***Hockey Association***

***Shoot For Good Grades***

***Participation Form***

Name:   
 \*\* Should appear as you would like it to appear on the certificate

Age:

Level & Team:

Grade:

School:

Address:

Parent/Guardian Name:

I hereby grant authorization for Mankato Area Hockey Association to publish my child’s name on the MAHA website & Shoot For Good Grades poster (to be displayed at ASA). I understand that if I choose not to sign this waiver, my child’s name will not be displayed with the Shoot for Good Grades recipients.

Parent/Guardian Signature: Date:

SFGG Committee Use Only

Grading Period GPA:

Checked By:

Certificate & Patch Ready: