



2026 Osseo Hockey STP Registration Form

****A completed and signed form is required on 1st day to be able to participate ****

Player Name: _____

2026-2027 Season Grade (circle): 6 7 8 9 10 11 12

Position (circle): Forward Defense Goalie

Previous Season Team: _____

Address: _____

Cell Phone: _____

Parent(s) Name(s): _____

Emergency Phone: _____

Email Address: _____

I agree that my child is assuming the risks involved in training and playing ice hockey. I understand that it is my responsibility to provide adequate insurance for said child in the case of injury, and the I/we indemnify all instructors and staff for costs and damages incurred due to injury to my child resulting from his participation in this activity and which is not covered by a personal insurance policy maintained by said instructors. In addition, I/we agree these parties are not responsible for injuries incurred during voluntary participation of the 2026 STP on-ice and off-ice sessions.

Child's Name (please print): _____

Parent(s)/Guardian(s) Signature(s): _____ Date: _____