

Consent Form

The Parent/Legal Guardian Agreement and consent for Medical Treatment Agreement must be completed and signed before a player can participate in the Jefferson Summer Training Program.

Parent/Legal Guardian Agreement

I, parent/legal guardian of the registrant, a minor, agree that the registrant will abide by the rules of the Jags STP. Recognizing that possibility of physical injury associated with sports and in consideration for Jags STP accepting the registrant for its hockey clinic and activities, I hereby release and discharge Jags STP, their instructors, and associated personnel including the owners of the facilities used for the clinic, against any claims by or on behalf of the registrant as a result of the registrant's participation in the clinic.

Parent/Legal Guardian Name (Print Name)

Parent/Legal Guardian Signature

Date

Consent for Medical Treatment

As the parent/legal guardian of the registrant for Jefferson STP, I hereby give my consent for emergency medical care prescribed by an Emergency Trained Technician.

Parent/Legal Guardian Signature

Date

2024

Jaguar U10/U12 Hockey SCHOOL

HOCKEY

GIRLS SUMMER TRAINING PROGRAM



**“A GOOD HOCKEY PLAYER
PLAYS WHERE THE PUCK
IS. A GREAT HOCKEY
PLAYER PLAYS WHERE THE
PUCK IS
GOING TO BE.”**

Wayne Gretzkey

Jefferson SUMMER TRAINING PROGRAM

The Jefferson HS coaching staff will be instructing a summer training program for all girl's U10/U12 hockey players.

These sessions are important for the development of our program and for individual improvement in all aspects of the game. Along with having fun, competing with peers will ensure our continued success at all levels of Jefferson hockey.

On the registration form, please include appropriate email address in which we can notify parent and/or player of changes to schedule or reminders.

PROGRAM COST: \$325

**Make checks payable to:
Mark Johnson OR
Venmo @Mark-Johnson-491**

EAT • SLEEP • PLAY



H O C K E Y

TRAINING PROGRAM DATES

June 11th - July 25th

SUMMER TRAINING SCHEDULE

Tuesday's
8:30am – 9:30am

Thursday's
8:30am – 9:30am

SCHEDULE NOTE
No training July 1st - 5th

ALL ICE TIMES AT BIG

PLAYER REGISTRATION FORM

Players First Name

Players Last Name

Grade Level

Telephone

Parents / Guardian's First Name

Parents / Guardian's Last Name

Email Address

PAYMENT INFORMATION

Full Payment due by May 1st, 2024
**Mail registration form, consent form
and payment to:**

Mark Johnson
6811 Nicollet Ave South
Richfield, MN 55423
Markajohnson@kw.com
952-270-5997

