



## Parental Consent Form

**Insurance:** Every child is required to have primary insurance which covers their activities in the school.

In consideration of the acceptance of this consent form the applicant agrees that Scott Bjugstad's Hockey School and/or it's staff, coaches and employees will not be held responsible for any accidents or loss of personal property, however caused and agree to release the school from any claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risk while watching, and/or participating in the Scott Bjugstad Hockey School are assumed by the students and his/her parents and/or guardian and this assumption is acknowledged, approved by their signature hereto.

We have read the forgoing and agree to the terms and conditions and give our consent to his/her participation in the Scott Bjugstad Hockey School.

Has your Son or Daughter had a Concussion in the last year? If so they will need a doctors release form before lesson or clinic start dates.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date