

\* Cost is \$130 for 10 hours of ice - 25 players maximum that are squirts and peewee age for 2026-27 season.

\* Please notify by email to hold a spot for your player

\* No refunds unless doctors medical excuse is provided

\* Goalies free - max 3

**Name:** \_\_\_\_\_

**Phone:**(\_\_\_\_\_)\_\_\_\_\_ **Emergency phone number:**(\_\_\_\_\_)\_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**2025-26 Team:** \_\_\_\_\_

**Medical Release:** In the event my child is injured during absence of a parent or a legal guardian, I give my permission for the person in charge to seek medical attention.

**Sign:** \_\_\_\_\_

**Release of Liability / Acknowledgement of Risk:** The participants parent or a guardian agrees that Kyosti Lindgren and staff at the Hermantown Arena will not be held responsible for any accident or loss, however caused and agrees to release the skating rink from all claims and damages which may arise a result of or any reason of accident or loss.

**Parent or a guardian signature:** \_\_\_\_\_

Email or mail in registration form and a \$130 fee payable to me:

Kyosti Lindgren

5035 W Arrowhead Road

Hermantown, MN 55811

Venmo @Susan-Lindgren-3

Any questions, please contact me:

(218)390-6347

[kldevelopmenthockey@gmail.com](mailto:kldevelopmenthockey@gmail.com)