

**Dean Turnquist  
Spring Fever Road Hockey Tournament**

**CONSENT OF PARENT OR GUARDIAN**

We, the undersigned, as parent (s)/ legal guardians of \_\_\_\_\_  
(child's name)

consent to his/her participation in the Spring Fever Road Hockey Tournament. We acknowledge the potential risks and hazards involved in participating in this event and will not hold the Spring Fever road hockey committee or the Town of Innisfail responsible for any injuries that may be sustained during this event. Please have your child wear the appropriate protective gear, as you see fit. HELMETS and FACEMASKS ARE MANDATORY.

All participants should wear hockey gloves and proper running shoes. There is the possibility that players may be struck with the ball or a stick.

**This form must be signed by the parent/legal guardian before the Spring Fever committee will allow the above mentioned child to participate in the road hockey tournament.**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_  
Parent/guardian Parent/guardian

Phone in case of emergency: \_\_\_\_\_

Date: \_\_\_\_\_