

| Parent Consent:                             |  |
|---|--|
| I consent to allow my player (Players Name) | to participate with the                        |
| (Requesting Team #)                         | of the Prince George Minor Hockey Association. |
| For the following tournament:               |  |
|   |  |
| Tournament Host:                            | Division:                                      |
| Dates:                                      | My Name:                                       |
|   |  |
| Relationship to Player:                     | Signed:  |





