



Parental/Guardian Consent Form

Parent/Guardian Information:

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____ Phone number: _____

Parental Consent to Child's Nomination to LEVEL THE ICE Hockey Skills Program

I/WE as parents or legal guardians of _____ agree and support my/our son being nominated for the LEVEL THE ICE Program. If selected we agree and commit to fully supporting his attendance and participation in this program at the Sensplex in Kanata Ontario between July 6-12, 2014. We acknowledge the need for responsible behavior and obedience on his part and will encourage him in this regard.

Dated: _____

Signature:

Printed Name

Signed Name

Please return this Consent Form (and Nomination Form) to:

LEVEL THE ICE

55 Barnes Crescent, Ottawa ON, K2H 7C1

Please return this Nomination Form (and Consent Form) to:

LEVEL THE ICE

55 Barnes Crescent, Ottawa ON, K2H 7C1