



August 1, 2006

Attention Hockey Players!

The season is nearing and we have a lot of work to do. Since our program last spring was so successful we have decided to start an association. Our new association is the Minnesota Special Hockey Association. There is also a new Minnesota Sled Hockey Association for those with physical disabilities. These are exciting and scary times.

I am thrilled to announce Coach Rick and Coach Chris are coming back. This year we will have two teams; the South Stingers and the North Polars (thank you to our players last year for the great team name ideas). After January 1st we will have a few games against each other, Yippee!

Our North team has found a home at the Schwans Super Rink, however our South team is struggling to find one site. We believe it will rotate rinks in the southwest suburbs; we will not be able to set the location until the beginning of October. While I am nervous, I have been assured from a number of associations we will be able to make this work. The North team will once again play on Sunday evenings. We hope all of the times we receive from the associations will also be on Sunday evenings.

In order to get this started there are many things we need. First off, and most important we need players...please tell your friends about this great program. Secondly, we unfortunately need money, if you work for a company that may be interested in giving or know of a community service group in your area that would be interested please contact me and we can put together a request. Third, we need volunteers. We had many helpers on the ice; however we are in need of helpers off the ice. If we become a 501c3 we need an attorney. We are also in need of a web designer and a printer for our marketing materials.

To start an association we need Board Members. Our first meeting will be held Wednesday, August 16, 2006 at 6:30 p.m. at Arneson Acres Park, 4711 West 70th Street, Edina. If you are interested in being a part of the board, we would love to have you.

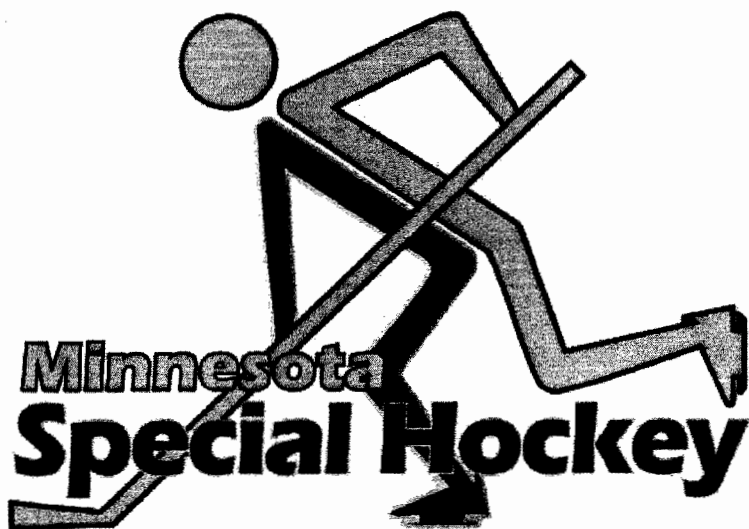
Enclosed are registration materials, please complete all four forms and return them with a \$150 registration fee to: c/o Susie Miller, MN Special Hockey Association, 12809 Crooked Lake Blvd., Coon Rapids, MN 55448.

We are also looking for volunteers to sell programs at the September 21 MN Wild Game. If you would like to sign up for this or would like additional information please contact me as soon as possible.

Thank you everyone for your hard work and dedication to this program. We are on the edge of starting something that will be amazing. With a little hard work on the onset, we are sure to reap the benefits in the end. If you have questions, please call me at 612-325-3392 or email at smiller@specialhockey.org

Have a great day!

Susie Miller
Minnesota Special Hockey Association

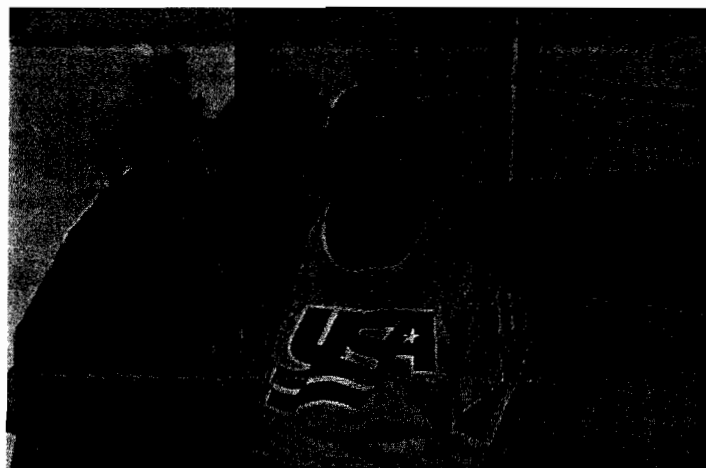


We need your help!

This past spring for the first time ever Ice Hockey was offered for individuals with developmental disabilities in Minnesota. With 27 skaters registered it is obvious we must continue. We are now teaming up with MN Hockey and the MN Wild to offer this amazing new program.

Wish List

- **MONEY**—We need to raise approximately \$6000 to pay for the Non-Profit start up costs, promotional materials, ice time, and equipment.
- **SKATERS!!!!** We need help spreading the word...MN Special Hockey is seeking skaters from all over. We will have a team at the Super Rink in Blaine as well as in the Southern Suburbs. Location to be determined.
- **VOLUNTEERS**—We will need help to make this possible. We are in need of on ice volunteers and off ice guidance. We are looking for an attorney, marketing specialist, and board members.



Abby was so excited to play hockey because she now SMELLS like her brother

If you are interested in helping, please contact
Susie Miller at 612-325-3392 or
smiller@specialhockey.org



Hockey IS for EVERYBODY!

Put your Disability on the Ice!

Last spring Edina Adaptive Recreation offered the first ever hockey program for people with developmental disabilities. With over 25 skaters registering we decided we need a league!

Welcome to "Minnesota Special Hockey" a hockey program for individuals with developmental disabilities.

Who: Beginner or Experienced Skaters with Disabilities ages 3 & older

Fee: \$150.00 per skater. Check payable to: Minnesota Special Hockey
(scholarships or payment program is available if needed)

When: Sundays, November 5—March 25

Where: North Team: Blaine Super Rink

South Team: Location will vary throughout the southern suburbs

Registration Deadline: Monday, October 16, 2006;

Tell your friends!!! For more information, call 612-325-3392.

MN Special Hockey League

Name: _____ Phone #: _____

Address: _____ City/Zip: _____

Email: _____ 2nd Phone: _____

I am interested in:

Volunteering Participating
 Donating Money Donating Equipment

Total Enclosed: Registration Fee: _____

Add Contribution: _____

Total Enclosed: _____

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. You are not legally required to provide the data. This data can be shared by Edina City Staff and other persons or entities deemed necessary. Your signature on this application indicates you understand these rights.

Signature: _____ Date: _____

Please mail form to MN Special Hockey, C/O Susie Miller, 12809 Crooked Lake Blvd., Coon Rapids, MN 55448

Please write a brief explanation of the skaters needs and how we can help them be more successful:

USA HOCKEY CONSENT TO TREAT

This is to certify that on this date, I _____,
(parent or guardian)
as parent or guardian of _____,
(athlete)
consent to USA Hockey and its medical representative to obtain medical care
from any licensed physician, hospital, or clinic for the above-mentioned athlete,
for any injury that could arise from participation in USA Hockey activities.

USA Hockey provides excess accident coverage with a \$250 deductible
with no other "collectable" insurance and \$100 deductible with other "collectable"
insurance.

If said athlete is covered by any insurance company, please complete the
following:

Name of Carrier _____

Address _____

Policy Number _____

Signed _____

Relationship to athlete _____

Home Address _____

Phone _____ Date _____

MEDICAL HISTORY FORM

Name: _____

Date: _____

Address: _____

Birthdate: _____

Phone(s): Day _____ Evening _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____

Phone(s): _____

Relationship: _____

Physician's Name: _____

Phone(s): _____

Hospital of Choice: _____

PLEASE ANSWER THE FOLLOWING: (If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on the back.)

Have you had (or do you presently have) any of the following?

Circle One

Head injury (concussion, skull fracture)	YES	NO
Fainting spells	YES	NO
Convulsions/epilepsy	YES	NO
Neck or back injury	YES	NO
Asthma	YES	NO
High blood pressure	YES	NO
Kidney problems	YES	NO
Hernia	YES	NO
Diabetes	YES	NO
Heart murmur	YES	NO
Allergies	YES	NO

Specify: _____

Injuries to:		
Shoulder	YES	NO
Knee	YES	NO
Ankle	YES	NO
Fingers	YES	NO
Arm	YES	NO
Other _____	YES	NO
Poor vision	YES	NO
Poor hearing	YES	NO

Other: _____

Have you had a recent tetanus booster? If so, when? _____

Are you currently taking any medication? What? Why? _____

Has the doctor placed any restrictions on your activity? Explain. _____

Signed: _____

(athlete)

 (parent or guardian)

_____/_____/_____
Birthdate

Male _____ Female _____
Gender

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

(_____) _____ Yes _____ No _____
Home Phone U.S. Citizen

Parent/Guardian Last Name _____ First Name _____ Work Phone _____

OFFICE USE ONLY

_____ Paid Player

_____ Paid Coach

_____ Initiation Program Instructor

_____ Previously Registered

_____ Manager

Paid Cash _____ Check No. _____

Received On ____/____/____

Received By _____



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

_____ Age _____ Date Signed _____
PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

_____ Date Signed _____
PARENT OR GUARDIAN SIGNATURE
(if Participant is 17 years of age or younger)