

| Parent Consent: | | |
|---|-------------|-------------------------|
| I consent to allow my son/daughter (Players Name) | | to participate with the |
| (Requesting MHA) | team of the | MHA |
| Parent Signature | | |
| For the following tournament: | | |
| Tournament Host: | Division: | |
| Dates: | Name: | |
| Relationship to Player: | | |





