



Quesnel and District Minor Hockey

Single Parent/Player Contract Acceptance

Parent/Player - Please fill out and return to coach/manager

I have read the parent contract and gone over the player contract with my child.

I agree to abide by the terms on the contract

Date : _____

Team: _____

Parent Name: _____

Signature: _____

Parent Name: _____

Signature: _____

Player Name: _____

Signature: _____