

GIRLS HIGH SCHOOL & COLLEGE PLAYERS

Skills & Small Games Conditioning Camp

Cornerstone Community Center, 1640 Fernando Drive, De Pere, WI 54115

June 15 – August 17, 2011

No Session August 3

CAMP COST \$90:

Camp held Wednesdays 8:00pm – 9:30pm
50 minutes on-ice instruction + 30 min. off-ice conditioning

INSTRUCTORS

Rob Morgan – St. Norbert College Head Coach
Jamie Kivi – St. Norbert College Assistant Coach
Keeta Koalska – St. Norbert College Assistant Coach

Mail form and check made payable to Rob Morgan to:

Rob Morgan
St. Norbert College
Schuldes Sports Center
De Pere, WI 54115

For more information call 920-403-2022 or email rob.morgan@snc.edu

Skills & Small Games Conditioning Camp Registration & Medical Release

I understand and acknowledge that my child may suffer serious injury by participating in the Girls Hockey Clinic. With full knowledge of the risk enumerated, I hereby authorize the clinic coaches and staff, in my behalf, to administer emergency medical treatment to attending the above mentioned clinic. This permission extends the right of those enumerated to arrange for medical personnel, and for them to apply any emergency techniques they deem appropriate to treat any injury or illness sustained by my child.

I hereby agree to release, indemnify, and hold harmless St. Norbert College Inc. and the Premonstratensian Fathers, and their officers, directors, staff, members, and agents from damage, or death to my child or her personal property arising from or in connection with the participate of my child in the Girls College Hockey Clinic, including damages related to medical care as authorized in this statement. I certify that my child is in good health and is able to participate in this camp without risk to her health. I, the guardian of the registrant, agree that I and the registrant will abide by the rules of the clinic. I have read and fully understand the above statement.

Signature of Legal Guardian

Date

Signature of Participant

Date

Family Doctor: _____

Doctor Phone #: _____

Insurance Company: _____

Insurance Policy Number: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Position: _____ Shoots/Catches(L/R)_____

Current Team: _____

HS or College Grad Year: _____ Age: _____

Date of Birth: _____

Contact Number: _____