

Heritage Pre-Season Tune-Up Goalie Camp

Dates and Times:

Oct. 1 – 5:15-6:15 pm, 6:30-7:30 pm

Oct. 2 – 9:30-10:30 am, 10:45-11:45 am, 3:00-4:00 pm, 4:15-5:15 pm

Oct. 3 – 12:00-1:00 pm, 1:15-2:15 pm

Where: Duluth Heritage Sports Center

Instructor: Brant Nicklin

Cost: \$150.00 – \$50.00 non-refundable deposit due with application. Please make checks payable to Duluth Heritage Sports Center.

Send to: Duluth Heritage Sports Center
120 South 30th Ave. West
Duluth, MN 55806

Open to the first 25 goalies!

Fliers available at the Heritage office or online at

www.duluthheritagesportscenter.com

or

www.duluthhockey.com

Heritage Pre-Season Tune-Up Goalie Camp

2010 Registration Form

Participants Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Age: _____ **Level of Play:** _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Medical Information

Emergency Contact: _____

Emergency Contact Phone #: _____

Medical Insurance: _____

Policy #: _____ **Group #:** _____

Physician's Name: _____

Physician's Phone #: _____

RELEASE OF LIABILITYI, and my heirs, in consideration of my child's participation in the 2010 Heritage Pre-Season Tune-Up Goalie Camp at Heritage Arena, hereby release its instructors, the skating rink, the Heritage Board of Directors, its officers, employees and agents, and any other people officially connected with this camp, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this camp. Specifically, I release said persons from any liability or responsibility for *(my child's physical condition, for the condition or selection of course route and for the presence or actions of any other participants)*. I am aware of the risks of participation, which include, but are not limited to, *(the possibility of sprained muscles and ligaments, and fatigue. I hereby state that my child is in sufficient physical condition to accept a rigorous level of physical activity)*. I understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand that the camp does not provide medical coverage for my child. I verify that I will be responsible for any medical costs incurred as a result of my child's participation.

Parent/Guardian Signature _____ **Print Parent/Guardian** _____

Date _____