



# 2010-2011 ALL SEASON GOALIE CAMP

Open to all District 11 Associations

## FEATURING former UMD standout Goaltender Brant Nicklin

Guest appearances by past and present UMD, St. Scholastica and High School players

This camp is designed to teach basic goaltending skills along with keeping you focused throughout the entire season. We will be working on proper stance, movement, angles, shuffles, transitions and save selections just to mention a few. The camp will take place at Fryberger Arena on **Sunday** nights beginning December 27th. The following is a list of dates and times:

Dec 5 – 6:15 pm	Jan 2 – 6:15 pm	Jan 30 – 6:15 pm
Dec 12 – 6:15 pm	Jan 9 – 7:30 pm	Feb 13 – 6:15 pm
Dec 19 – 6:15pm	Jan 16 – 6:15 pm	Feb 20 – 6:15 pm
Dec 26 – 6:15 pm	Jan 23 – 6:15 pm	

**Cost: \$125 for 11 one hour sessions  
Limited to first 20**

## DAHA All Season 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 LIABILITY

I, and my heirs, in consideration of my child's participation in the 2010 DAHA All Season Goalie Camp at Fryberger Arena, hereby release its instructors, the skating rink, the DAHA 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.

### Registration & Checks

\$50 **NON-Refundable** payment and registration form due by Nov 26. Balance due in **full** by Sunday, December 5th.  
 Make checks payable to:  
**DAHA**  
 Send To: (DAHA)  
 Duluth Amateur Hockey  
 120 S. 30<sup>th</sup> Ave. W.  
 Duluth, MN 55806  
 Questions: Call Clarke Coole at (218) 728-8000

Parent/Guardian Signature \_\_\_\_\_ Print Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_