



# 2021 APPLICATION

All camp sessions will fill on a first come – first served basis with a completed application and full payment. Use this paper application for cash or check payments only and mail it in. Very quick and simple. Applications can also be dropped off at the host arena – Graham Arena.

## Choose Your Camp Session(s)

☆ Summer All Day Skills Camp June 20<sup>th</sup> – 26<sup>th</sup> \$275 Select \_\_\_\_\_  
☆ Skills & Drills Tryout Prep Camp September 10<sup>th</sup> – 26<sup>th</sup> \$155 Select \_\_\_\_\_  
Total Camp Fees: \$ \_\_\_\_\_

Choose Your Position: Skater \_\_\_\_\_ Goalie \_\_\_\_\_

Choose Your Age Group: 6 – 9 Years Old \_\_\_\_\_ 10 – 13 Years Old \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hometown: \_\_\_\_\_ Last team Played For: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does the player have any medical conditions / allergies? (circle) YES NO

If yes, please list \_\_\_\_\_

Player's last team: \_\_\_\_\_ Level: \_\_\_\_\_ Position: \_\_\_\_\_

## Waiver and Release of Claims

**Please read this form carefully.** When you sign this form you waive and release all claims for injuries your child might sustain arising out of their use of the facilities and participation in the activities and programs at a Peak Performance Hockey Camp (PPHC).

**Acknowledge risk injury:** As a participant in the activities or programs at PPHC, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participation or use of such facilities, activities or programs.

**Waive, Release & Indemnify:** I hereby waive, release and discharge any and all claims I may have or may acquire against PPHC, its officers, agents, servants and employees as a result of my or my child's participation in all programs and activities of PPHC; and I agree to indemnify and hold harmless PPHC, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are participating in a PPHC program, except for willful and wanton misconduct by PPHC personnel. I have read and fully understand the above Waiver and Release of all Claims Form.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

*All camp sessions will fill on a first come, first served basis with a completed application and complete camp fee paid.*

Please make checks payable to: **BOB MONTROSE**

Please Mail Completed Application and Payment to:

**Peak Performance Hockey Camps**  
**1157 8<sup>th</sup> Avenue NW**  
**Byron, MN 55920**

