COLORADO COLLEGE

Hockey School 2011

July 25-31, 2011

APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Age _____ Date of Birth _____ Grade in school next year _____

Shoots: _____ Right _____ Left Years of hockey experience _____

Last season's team and level _____

***Please select age group**:*

_____ **Squirts** (ages 9-10) _____ **PeeWees** (ages 11-12) _____ **Bantam** (ages 13-14)

Parental Consent Form:

In consideration of my child, _____ being permitted to participate in the Colorado College Hockey School, I, the undersigned, in full recognition and appreciation of the risks and hazards inherent in such a program, hereby agree to assume all responsibility surrounding my child's participation; and, I hereby agree to defend, hold harmless, indemnify, release and forever discharge the Colorado College Hockey School from and against any and all claims, demands and causes of action, on account of damage to personal property or personal injury, however caused, which may result from my child's participation in the Colorado College Hockey School. I also certify that my child has no special health problems of which I am aware and can participate fully in the program. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize and secure proper treatment for my child.

_____ _____

Signature of Parent Date

Please specify any special medical problems/needs your child has in the space below:

_____

_____

Insurance Information

All participants' parents or guardians are required to have primary insurance which covers their child's activities during the Colorado College Hockey School.

Insurance Company _____

Insurance Company Address _____

Policy Holder _____

Policy Number _____