



Colorado College
Goalie Camp 2010 - Honnen Ice Arena

SESSION I - July 20-23, 2010
SESSION II – August 6-8, 2010

Cost: \$225

Please make payment in full. Don't delay - the Goalie Camp sells out each year!!

SESSION I – July 20-23

_____ **I will attend this session.**

SESSION II – August 6-8

_____ **I will attend this session.**

The camp is open to individuals ages 8 to 17. CC Hockey School does not provide goalie equipment and a minimal amount of goaltending experience is strongly encouraged. Please bring your own water bottle and/or drink.

Goalie Camp 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 _____

Years of goalie experience _____ 2009-2010 Team _____

All participants are required to have primary insurance that covers their activities during the CC Goalie Camp.

Insurance Company _____

Policy Holder _____ Policy Number _____

Parental Consent Form: In consideration of my child, _____ being permitted to participate in the Colorado College Goalie Camp, 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 Goalie Camp 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 Goalie Camp. 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:

Return completed form and check to: Colorado College Hockey School
14 E. Cache La Poudre
Colorado Springs, CO 80903