



# COLORADO COLLEGE

Hockey School 2010

## 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 desired camp session:*

### SESSION I – July 19 – 24, 2010

\_\_\_\_\_ PeeWees (ages 11-12)

### SESSION II – August 2 – 7, 2010

\_\_\_\_\_ 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 \_\_\_\_\_