

ST. NORBERT COLLEGE
GREEN KNIGHTS™

GIRLS HIGH SCHOOL & COLLEGE PLAYERS
Skills & Small Games Conditioning Camp

Instructors

Rob Morgan- St. Norbert College Head Coach
Jamie Kivi- St. Norbert College Assistant Coach
Keeta Koalska- St. Norbert College Assistant Coach

Camp Date

June 15 - August 17, 2011
 Wednesdays 8:00 p.m. - 9:30 p.m.
 50 minutes on-ice instruction + 30 minutes off-ice conditioning
 (no session Wednesday August 3)

Location

**Cornerstone Community Center, 1640
 Fernando Drive, De Pere, WI 54115**

Cost

\$90.00

**Mail form and check made payable to Rob Morgan
 to: Rob Morgam, St. Norbert College, Schuldes
 Sports Center, De Pere, WI 54115**

For more information call 920-403-2022 or email rob.morgan@snc.edu

Skills & Small Games Conditioning Camp Registration & Medical Release

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ E-mail: _____
 Position: _____ Shoots/Catches (L/R): _____ Current Team: _____
 HS or College Grad Year: _____ Age: _____ Date of Birth: _____
 Contact # _____

I understand and acknowledge that my child may suffer serious injury by participating in the Girls Hockey Clinic. With full knowledge of the risk enumerated, I hereby authorize the clinic coaches and staff, in my behalf, to administer emergency medical treatment to attending the above mentioned clinic. This permission extends the right of those enumerated to arrange for medical personnel, and for them to apply any emergency techniques they deem appropriate to treat any injury or illness sustained by my child.

I hereby agree to release, indemnify, and hold harmless St. Norbert College Inc. and the Premonstratensian Fathers, and their officers, directors, staff, members, and agents from damage, or death to my child or her personal property arising from or in connection with the participate of my child in the Girls College Hockey Clinic, including damages related to medical care as authorized in this statement. I certify that my child is in good health and is able to participate in this camp without risk to her health. I, the guardian of the registrant, agree that I and the registrant will abide by the rules of the clinic. I have read and fully understand the above statement.

Signature of Legal Guardian: _____ Date: _____
 Signature of Participant: _____ Date: _____
 Family Doctor: _____ Doctor's Phone #: _____
 Insurance Company: _____
 Insurance Policy #: _____