

# 2010 APPLE VALLEY HOCKEY SKILLS CAMP

*Mission statement: "Our hockey school focuses on complete player development. We do not keep track of wins or losses or player statistics (goals and assists). The most important aspect of our school is to become a better skater, a better passer, a better shooter and to develop hockey sense. We believe that your son or daughter will learn from our on ice experienced coaching staff and most importantly all players will HAVE FUN!"*

*~Apple Valley Hockey Skills Camp Coaching Staff*

## Registration Form

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Circle one) MITE SQUIRT PEEWEE BANTAM MIDGET

Email: \_\_\_\_\_

The undersigned parent/guardian of the above-named person who has been registered to participate in the activities of Apple Valley Hockey Skills acknowledges that there are substantial risks involved in the game of hockey and that serious injuries can and do occur, and the undersigned hereby releases Apple Valley Hockey and its officers, directors, coaches and employees and agents from and against any and all claims, causes of action, losses, liabilities and obligations of every kind, nature and description that may be suffered or incurred by the above-named participant in connection with ice hockey and related activities conducted or arranged or organized by Apple Valley Hockey Skills. This release and waiver is given knowingly and with full knowledge that it constitutes a release of any and all potential legal rights with regard to any and all injuries that may be suffered or incurred by the above-named participant.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian                      Date