



CDH 2019 GIRLS SUMMER TRAINING CAMP

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Please check the box indicating players grade during the 2019 season:

7th 8th 9th 10th 11th 12th

Last Team: _____

Parent(s) / Guardian(s): _____

Parent(s) / Guardian(s): _____

Parent Phone Number: _____

Parent Email: _____

Permission Waiver

I/we give my permission for _____ to participate in the CDH Summer Hockey Camp, as she is healthy and under no physical restrictions. I/we know that participation in the camp may result in serious injury and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify, and agree to hold harmless Clinic coaches, CDH Summer Hockey Camp, on-ice & off-ice coaches, instructors, supervisors, participants and persons transporting my /our child to and from activities for any claim arising out of injuries to my/our child, whether the result of negligence, or for any other cause.

Parent Guardian Signature

Date

* Group Assignment will be confirmed and sent by email, prior to start of Camp.

For information, please contact: Head Coach, Brooke White at Email address: bwhitelancette@c-dh.org

Camp fees include Dryland \$210 & On-Ice \$375 for a total of **\$585**

Please make check payable to: **CDH GIRLS HOCKEY CAMP**

Payment & waiver must be received prior to getting on the ice.

Please send registration and check to:
c/o Cretin-Derham Hall - Athletic Office
Attn: Head Coach, Brooke White-Lancette
550 South Albert Street St. Paul, MN 55116