

PLAYERS NAME: \_\_\_\_\_

List Camps or Camp: \_\_\_\_\_

PARENT NAME (S):

\_\_\_\_\_

HOME PH: \_\_\_\_\_

CELL PH: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

2ND E-MAIL (OPT):

\_\_\_\_\_

INSURANCE INFORMATION:

COMPANY NAME: \_\_\_\_\_

POLICY: \_\_\_\_\_

PAYMENT:

[ ] CHECK ENCLOSED AMOUNT PAID \$ \_\_\_\_\_

Make checks payable to see camp information and send to:

David Kinsler 705 Chestnut Crest Cottage Grove WI 53527

If payment plan is required please contact David Kinsler 516.3384 prior to camp start date.  
It is perfectly fine to miss part of the camp due to Summer School, Drivers Ed. Etc.

PARENTAL RELEASE:

I understand that Athletic Republic, Silver Eagle Hockey Camp and MG Hockey Club does **NOT** carry insurance on participants. I expressly assume all risk of loss and/or injury and hereby release and agree to save, hold harmless, and indemnify Athletic Republic, Silver Eagle Hockey Camp and MG Hockey Club including any staff, coaches and employees, and the Arena and its staff and employees from all liability for any injury or harm or damage I or my child may sustain while a participant. The assumption is acknowledged, and approved by the signature here to. I agree to possess Primary Insurance that covers my child's activities in the camp. I also agree to allow Athletic Republic, Silver Eagle Hockey Camp and MG Hockey Club to use pictures or video footage of my child for print or educational purpose.

I have read the above and agree to the terms and conditions and give consent for my child to participate in Athletic Republic, Silver Eagle Hockey and MG Hockey Club Camps.

PARENT SIGNATURE:

\_\_\_\_\_ DATE: \_\_\_\_\_