


2018 CIMPC Bluejacket Summer Hockey Clinic

| Date | 10U/12U | | 15U/HS | |
|-----------|------------|----------|------------|----------|
| | Start Time | End Time | Start Time | End Time |
| 6/13/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 6/18/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 6/25/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 6/27/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 7/09/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 7/11/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 7/16/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 7/18/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 7/23/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |
| 7/25/2017 | 4:15 PM | 5:15 PM | 4:45 PM | 5:45 PM |



10 on-ice sessions
\$150

Return the bottom of this form, waiver, and payment by **May 31st, 2018** to: Corey Bustrom
 33696 Xenon Dr NW
 Make Checks Payable to: Corey Bustrom Princeton, MN 55371
cbustrom@sherbtel.net

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Please check which level: 10U/12 15U/High School

PLAYER NAME _____

MOM & DAD _____

ADDRESS _____

BEST PHONE # _____

PARENT'S E-MAILS _____

(All correspondence will be via email)

TEAM PLAYED ON LAST YEAR _____ LEVEL NEXT YEAR _____

Parent Consent / Waiver of Liability

We the undersigned participant and parent/guardian, agree that participation in Corey Bustrom's Bluejacket Summer Hockey Clinic is at the participants own risk. The coaches or staff shall not be liable for any damages arising from personal injuries or damages that may occur to the participant while involved in any clinic activities.

The coaches and staff reserve the exclusive right to have administered any emergency medical or surgical treatment recommended by a physician licensed to practice medicine in the state of Minnesota. If emergency transportation is deemed necessary, authorization has been granted to summon an ambulance to transport the participant to the hospital or nearest facility based on the conditions pertaining to the incident, and that if ambulance transport or emergency treatment is deemed necessary, the parent/guardian may not be notified until after transport has been initiated. It is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury.

We, the undersigned participant and parents/guardian, hereby acknowledge that we have read the foregoing; have explained its meaning to our son, daughter or ward; understand its content, import, and meaning; and hereby do approve consent to the terms and conditions above. We further represent that we are the parent(s) or legal guardian(s) of the above named participant applicant, that the information given on this form is complete and accurate and consent to the participation of the participant in Corey Bustrom's Bluejacket Summer Hockey Clinic.

Player Name

Signature

Date

Parent / Guardian Name

Signature

Date