



MN Iron Rangers Youth Camp

August 27-30, 2018

Our main priority for this camp is not only to make it affordable, but also fun for our participants. We want to provide everyone with the opportunity to improve their hockey skills as well as develop a sense of sportsmanship, self-esteem and respect for others. Efforts will be made to match participants to appropriate skill levels. Each day will include 2.5 hours of on-ice time and 1 hour off-ice. On-ice time will be loaded with small area games, drills to improve skills, a scrimmage and tons of fun. Each camper will get a chance to meet some of the Rangers and participate with them on and off the ice. Off-ice time will consist of grabbing a snack, dry-land training in the gym to train your muscles for speed and power, and a film session.

DATE: Monday, August 27 - Thursday, August 30, 2018
TIME: 8:00 am – 12:00 pm
PLACE: Hoyt Lakes Arena
LEVELS: Birth Years 2003 – 2009
COST: \$125 (t-shirt and snacks provided)

Doors open at 7:30 am. **Parents** – Please come in with your child the first day to make sure we have all paperwork needed for registration and proper equipment. They should have full hockey gear with them, including a stick, and a water bottle.

For more information, contact Cherie Grams (218.780.6144). Mail payment and completed forms to: 301 Lakeview Dr., Hoyt Lakes, MN 55750 - email to csgrams@frontiernet.net. Credit card payments (a 3.5% processing fee does apply) can be made by calling 218.225.2654 or given the day of camp.

Check Which Level Your Child Will be Registering For:

_____ 2003 _____ 2004 _____ 2005 _____ 2006 _____ 2007 _____ 2008 _____ 2009

Position Played _____

Release of Liability: I, and my heirs, in consideration of my child's participation in the Ranger Youth Camp, hereby release MN Iron Rangers, it employees and any other people officially connected with the organization, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death or loss of money, which might occur while participating in this camp. Specifically, I release said persons from any liability of responsibility for: my child's physical condition, for the condition or selection of course route and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments and fatigue. I hereby state my child is in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary. I verify that I will be responsible for any medical costs incurred as a result of my child's participation.

Name of participant: _____ Phone # _____

Address: _____

Signature of Parent/Guardian: _____ Date _____

Print Name of Parent/Guardian: _____ Email _____

Daytime Contact No.: _____ T-shirt Size _____



Consent to Treat / Medical History Form

This is to certify that on this date, I _____, parent/ guardian of _____ (athlete/participant), or for myself as an adult participant, give my consent to Minnesota Iron Rangers and its medical representative to obtain medical care from any licensed physician, hospital or clinic for the above-named participant, from any injury that could arise from participation in a MN Iron Rangers event.

If participant is covered by any insurance agency, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Participant Signature: _____ Date: _____

Emergency Contact

Name _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

Medical History

If the answer to any of these questions is yes, please describe the problem and the implications for any first aid.

___ Head Injury

___ Asthma

Allergies _____

___ Fainting Spells

___ High Blood Pressure

___ Kidney Problems

___ Diabetes

___ Convulsions/Epilepsy

___ Hernia

___ Heart Murmur

___ Neck or Back

___ Other

Have you had (or do you currently have) any of the following:

Have you had a recent tetanus booster? ___ Yes ___ No If yes, when _____

Are you taking any medications? ___ Yes ___ No If yes, please list on back

Has your doctor placed any restrictions of your activity? ___ Yes ___ No If yes, explain on back.