BURGGRAF ISO ™ 2025 JULY 27TH –AUGUST 2ND
INDIVIDUAL ISOLATION CLINIC™ ENROLLMENT FORM

DEPOSIT OF $300 REQUIRED WITH ENROLLMENT FORM
& RECEIVED BY FEB 10TH

NAME:_____**PHONE:**_____
ADDRESS:_____**CITY:**_____**STATE:**____**ZIP:**_____
PREVIOUS INJURIES:_____**CONCUSSION:**_____
LEVEL OF PLAY NEXT YEAR:_____**POSITION:**_____
BIRTH YEAR _____**AGE:** _____**SHOOT L/R:**_____
ALLERGIC REACTIONS OR ALLERGIES:_____
IN CASE OF EMERGENCY CONTACT:_____**PHONE:**_____
*** **EMAIL ADDRESS:**_____@_____.-_____

PLEASE PRINT CLEARLY
PLEASE NO GROUP JUMPIN
1 GOALIE IN A GROUP EXCEPT FOR GP 2 2 GOALIES
T-SHIRT SIZE: CIRCLE ONE YOUTH XL MENS: SMALL MEDIUM LARGE XL

PLEASE CHECK THE GROUP BY SKATER AGE

All Groups are limited in number **Check here**

GROUP 1 EARLY START SQRT/PW/G10- G14U.....$ 895 ____
24 SKATERS 1 GOALIE 7:45AM-11:45AM

GROUP 1 LATE START SQRT/PW/G10- G14U.....$ 895 ____
24 SKATERS 1 GOALIE 1:30PM-

GROUP 2 BANTAM/G15U- G18U ..... $1300 ____
18 SKATERS 2 GOALIES 11:00AM – 6:00PM NOON MEAL

GROUP 3 HIGH SCHOOL LIMITED .....$1500 ____
18 SKATERS 1 GOALIE 8:45AM - 3:45AM NOON MEAL

GROUP 4 ADV/JR/COLLEGE .....$1600 ____
15 SKATERS 8:30AM-4:00PM NOON MEAL/RECOVERY PROGRAM

LIMITED PRO GUTS ++ $1970___ ALL INCLUSIVE PRO .....$3000____

NOTE: Please send the enrollment for to Burggraf 7007 E Grand View Lane Gold Canyon AZ 85119 or you can fax(701)293-9406 in your form with your deposit of $300.00. You may text form to 701 238 4526 <u>All accounts must be paid in full at registration</u> at the Moorhead Sports Center, unless prior arrangements are made with Frank Burggraf, Clinic Director.(701)238-4526. NO EXCEPTIONS!

RELEASE OF LIABILITY

Please read the following information carefully regarding your participation in the ISOtm Clinic, its drills, techniques, equipment usage, testing and evaluations. If you have any questions, please contact the Clinic Director. I understand that: my participation is solely voluntary. The ISOtm testing will be under the supervision of the ISOtm and it staff. I hereby consent to FB.Inc/Burggraf Skating Skills to use the data obtained in reports for promotional publications, but my identity will not be associated with them unless I have given permission to do so. I understand that as with any sport, there are risks to me because of my participation and that my participation in the ISOtm Program should not result in personal injury to me. HOWEVER: I acknowledge in the event of physical injury to me resulting from my participation in the ISOtm Clinic, its' drills, techniques, equipment usage, no medical treatment or monetary compensation will be provided by FB.Inc. Burggraf Skating Skills, , its staff or associates. I must look to my own health insurance policies. I understand that FB.Inc Burggraf Skating Skills, or its leased facilites are not held liable or responsible for accidents, injuries, or loss, however caused, from the drills/techniques or events associated in whole or part from my participation in the ISOtm Programs. The ISOtm Clinic, FB.Inc. Burggraf Skating Skills, , its staff or associates are not responsible or liable for the participants, their actions, supervision, or conduct while away from the ISOtm Program, its facilities used, or on the participant's own time. Participants that choose to use their own transportation between facilities if under 18, must have parents signature allowing them to drive..
Any participant who willfully disobeys/breaks the Code of Ethics and guidelines governing the ISOtm Program will be dismissed from the ISOtm Program **WITHOUT ANY REFUND**.

_____ _____ _____
Signature of Participant Signature of Parent or Guardian date

I acknowledge that the participant is under the age of 18. I have reviewed and understand the information provided. I also certify that the information that is provided is true and accurate. I consent to _____participation in the ISOtm Program.

SCHEDULES FOR EACH GROUP WILL BE ANNOUNCED WITH CONFIRMATION EMAIL
ANY QUESTIONS ABOUT THE ISOTM PROGRAM CAN BE DIRECTED TO FRANK BURGGRAF AT (701) 238-4526 OFFICE FAX # 701 293-9406