



**2025
APPLICATION**



All camp sessions will fill on a first come – first served basis with a completed application and full payment. Follow the registration instructions on the website page. Very quick and simple. For assistance, contact Lisa at lisa.bcs@midconetwork.com

Choose Your Session(s)

- ☆ Session I: 2013/2014/2015/2016
- ☆ Session II: 2008/2009/2010/2011/2012
- ☆ Session I: Goalie 2013/2014/2015/2016
- ☆ Session II: Goalie 2008/2009/2010/2011/2012

July 30 th – August 2 nd	\$250	Select	\$ _____
July 30 th – August 2 nd	\$250	Select	\$ _____
July 30 th – August 2 nd	\$50	Select	\$ _____
July 30 th – August 2 nd	\$50	Select	\$ _____
Total Camp Fees:			\$ _____

Choose Your Position: Skater _____ Goalie _____

Choose Your Age Group: 9 - 12 Years Old _____ 13 - 17 Years Old _____



Player's Name: _____ **Age:** _____ **DOB:** _____

Home Phone: _____ **Cell Phone:** _____

Hometown: _____ **Last team Played For:** _____

E-Mail: _____

Emergency Contact: _____ **Phone:** _____

Insurance Carrier: _____ **Policy #:** _____

Does the player have any medical conditions / allergies? (circle) YES NO

If yes, please list _____

Player's last team: _____ **Level:** _____ **Position:** _____

Waiver and Release of Claims

Please read this form carefully. When you sign this form you waive and release all claims for injuries your child might sustain arising out of their use of the facilities and participation in the activities and programs at a Peak Performance Hockey Camp (PPHC).

Acknowledge risk injury: As a participant in the activities or programs at PPHC, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss that my child may sustain because of participation or use of such facilities, activities or programs.

Waive, Release & Indemnify: I hereby waive, release and discharge any and all claims I may have or may acquire against PPHC, its officers, agents, servants and employees as a result of my or my child's participation in all programs and activities of PPHC; and I agree to indemnify and hold harmless PPHC, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are participating in a PPHC program, except for willful and wanton misconduct by PPHC personnel. I have read and fully understand the above Waiver and Release of all Claims Form.

Signature of Parent/Legal Guardian

Date

All camp sessions will fill on a first come, first served basis with a completed application and complete camp fee paid.

Please make checks payable to: **HURON HOCKEY ASSOCIATION**

Please Mail Completed Application and Payment to: **HHA, PO Box 770, Huron, SD 57350**



Phone: 507-358-8991

E-mail: info@peakhockey.com

Website: www.peakhockey.com