

**BURGGRAF ISO™ 2024 JULY 28<sup>TH</sup> - AUG 3<sup>RD</sup>**  
**INDIVIDUAL ISOLATION CLINIC™ ENROLLMENT FORM**  
**NON REFUNDABLE DEPOSIT OF \$300 REQUIRED WITH ENROLLMENT FORM**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**YOU MUST PROVIDE YOUR OWN MEDICAL/HEALTH INSURANCE COVERAGE**  
**PREVIOUS INJURIES:** \_\_\_\_\_  
**LEVEL OF PLAY NEXT YEAR:** \_\_\_\_\_ **BIRTH YR:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**SHOOT L/R:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**ALLERGIC REACTIONS OR ALLERGIES:** \_\_\_\_\_  
**IN CASE OF EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**PARENT(S)/GUARDIAN NAME(S)** \_\_\_\_\_  
**PLEASE PRINT LEGIBLY AND CLEARLY**  
**\*\*\* EMAIL ADDRESS:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**T-SHIRT SIZE: CIRCLE ONE MENS: XS SMALL MEDIUM LARGE XL**

**PLEASE CHECK THE GROUP BY AGE /LEVEL OF PLAY NEXT YEAR NO GROUP JUMPING**

*All Groups are limited in number*

*Check here*

- **GROUP 1 EARLY START SQRT/ PW 10U 12U.....\$ 870** \_\_\_\_\_  
*LIMITED ON & OFF ICE PROGRAM LIMITED TO 24*
- **GROUP 1 LATE START SQT/PW 12U-14U....., \$ 870** \_\_\_\_\_  
*LIMITED ON & OFF ICE PROGRAM LIMITED TO 24*
- **GROUP 2 BANTAM 15U-18U ADVANCED.....\$ 1250** \_\_\_\_\_  
*TOTAL ON & OFF ICE PROGRAM LIMITED TO 18*
- **GROUP 3 HIGH SCHOOL ADVANCED.....\$1480** \_\_\_\_\_  
*TOTAL ON & OFF ICE PROGRAM LIMITED TO 18*
- **GROUP 4 JR/COLLEGE LIMITED NUMBERS.....\$1580** \_\_\_\_\_  
*TOTAL ON & OFF ICE PROGRAM LIMITED TO 16 "THE GUTS"*
- **GROUP 5 LIMITED PRO LIMITED NUMBERS.....\$1900** \_\_\_\_\_  
*TOTAL ON & OFF ICE PROGRAM LIMITED TO 16*
- **FULL PRO ALL INCLUSIVE PROGRAM.....\$3000** \_\_\_\_\_

**FULL GEAR REQUIRED**

**NOTE:** Please send the enrollment for to Burggraf at 7007 East Grand View Lane Gold Canyon AZ 85119 or you can fax(701)293-9406 in your form with your deposit of \$300.00. **All accounts must be paid in full at registration 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.IncBurggraf Skating Skills, or its leased facilities are not held liable or responsible for accidents, injuries, or loss, however caused, from the drills/techniques or events associated inwhole 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 . I consent to \_\_\_\_\_ participation in the ISOTm Program.

**OFFICE USE:** \_\_\_\_\_