

CAMBRIDGE-ISANTI HOCKEY**BLUEJACKETS****EST. 1981****2022-2023 BOYS FALL SKILLS TRAINING (CAPTAINS PRACTICE) REGISTRATION FORM****PROGRAM INCLUDES:**

- Introduction to Varsity practice drills/warm-ups
- Date/times that help accommodate other activities
- Full Equipment Required
- Provide your own Dark & Light Colored Jersey
- No Checking—No Fighting

ELIGIBILITY:

- Returning Varsity and Junior Varsity Players
- '22-'23 10th Grade Players

COST:

- Skater/Goalie: **\$350** (blueliner fee included)
- Registration & Payment due by **September 18, 2022**
- Payment required before player steps on the ice - **No Exceptions**

REGISTRATION:

• Submit form & check to:
Cambridge-Isanti Blueliners
 PO Box 214
 Isanti, MN 55040

CONTACT:

Michelle Hosch
Blueliners President
 Phone: 651-757-5164
 Email: michellehosch72@gmail.com

Or Drop off @ Isanti Arena In Blueliners Drop Box -
located in warming room.

SCHEDULE: (dates subject to change)

Date	Day	Start Time	End Time	Date	Day	Start Time	End Time
09/18/22	Sunday	7:00 PM	8:00 PM	10/23/22	Sunday	8:15 PM	9:15PM
09/25/22	Sunday	7:00 PM	8:00 PM	10/26/22	Wednesday	9:45 PM	10:45 PM
10/02/22	Sunday	7:00 PM	8:00 PM	10/30/22	Sunday	8:15 PM	9:15 PM
10/05/22	Wednesday	3:30 PM	4:30 PM	11/02/22	Wednesday	3:30 PM	4:30 PM
10/09/22	Sunday	8:15 PM	9:15 PM	11/06/22	Sunday	5:45 PM	6:45 PM
10/12/22	Wednesday	9:45 PM	10:45 PM	11/09/22	Wednesday	9:45 PM	10:45 PM
10/16/22	Sunday	8:15 PM	9:15 PM	11/13/22	Sunday	5:45 PM	6:45PM
10/19/22	Wednesday	3:30 PM	4:30 PM	PRACTICE LOCATION: ISANTI ICE ARENA			

CUT HERE**PARENT CONSENT/WAIVER OF LIABILITY:**

We the undersigned participant and parent/guardians, agree that any participation in the CIHS Boys Hockey Program which is partially funded by the Cambridge-Isanti Blueliners at the participants own risk. The Cambridge-Isanti Blueliners and coaches shall not be liable for any damages arising from personal injuries or any personal or property damages that may occur to the participant while involved in any program activities or events.

We 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 named participant applicant, that the information given on this form is complete and accurate and consent to the participation of the participant in the CIHS Boys Hockey Program.

PLAYER NAME:		22-23 GRADE:	
PLAYER EMAIL:		PHONE:	
1ST PARENT NAME :		PHONE 1:	
PARENT EMAIL:		PHONE 2:	
2ND PARENT NAME :		PHONE 1:	
PARENT EMAIL:		PHONE 2:	
PARENT SIGNATURE:		DATE:	
PAYMENT INCLUDED:	SKATER/GOALIE (\$350) - Check made out to: Bluejackets Blueliners		