

# Pure Hockey

3520 Quarry Ave.

Anoka, MN 55303

## 2009 Camp info

**-Held at Cook Arena in Coon Rapids-**

Camp runs from June 15th through August 7<sup>th</sup>. No training on July 3rd. 35 ice hours for all groups. \$595 youth (\$300 for goalies), \$1500 Elite

<b>PeeWee/Bantam</b>	11:50 – 1:20 Tuesday and Thursday, 12:30 – 1:30 Friday Followed by 30-60 min of dryland
<b>Girls HS</b>	10:10-11:40 Tuesday and Thursday, 11:20 – 12:20 Friday Followed by 30-60 min of dryland
<b>U10/U12</b>	12:00 – 1:30 Monday and Wednesday, 10:10 – 11:10 Friday Followed by 30-60 min of dryland
<b>Elite</b>	1:40 – 3:10 Monday and Wednesday, 1:40 – 2:40 Friday Followed by 1-2 hrs of dryland and lifting - Elite groups also meet on the non-ice days for dryland and lifting

'Rob Potter is the best there is for those who are willing to work hard'.

Jack Blatherwick – Physiologist for the Washington Capitals and conditioning coach of the

1980 'Miracle' Olympic team

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**Please print both pages of this form, fill out, and mail with payment.**

## Player information: (Print clearly & use a separate form for each player)

Player Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Association \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone (\_\_\_\_) \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

## Summer 2009 Programs

*\$200 deposit required to reserve space, balance due by June 1<sup>st</sup>.*

Camp			Amount Paid
PeeWee/Bantam	(\$595)	(\$300 goalie)	\$ _____
U10/U12	(\$595)	(\$300 goalie)	\$ _____
High School Girls	(\$595)	(\$300 goalie)	\$ _____
Elite (by invitation)	(\$1500)		\$ _____

**Make check payable to: Pure Hockey**

**Cancellation Policy:** Remember that there are no refunds for cancellations for any reason medical or otherwise once camp begins.

Please complete and return the 2<sup>nd</sup> page also.

## Potter's Pure Hockey Release and Medical Consent Form

Player's Name: \_\_\_\_\_ Player's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In consideration of being allowed to participate in any way in the Potter's Pure Hockey (PPH) Camp and related events and activities, the undersigned hereby:

1. Voluntarily and knowingly recognize, accept, and assume all risks related to the sport and release PPH, and its agents, officers, officials, employees, instructors, and coaches from any and all liability. Also, it is further agreed that any equipment which PPH may use in conducting its programs is not guaranteed or warranted in any fashion, except as indicated by the manufacturer.
2. Agree that prior to participating, will inspect the facilities and equipment to be used, and if I believe anything to be unsafe, I will immediately advise my coach or a supervisor of such conditions and refuse to participate.
3. Acknowledge that it is the participant's responsibility to be properly insured and/or to pay any medical costs in the event of an injury.
4. Intending to be legally bound, thereby does hereby release, waive, unconditionally discharge and agrees not to sue the Potter's Pure Hockey or any of its administrators, officers, directors, agents, coaches, and other employees or volunteers of the organization or its sponsoring agencies, for any and all liability to each undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence to the release of otherwise in connection with association or entry in and/or arising in participation in any or all of the PPH official or unofficial activities, events or competitions.
5. Consent to accept responsibility for final decisions regarding continued participation if suffering from injuries. In addition, the undersigned certifies that the player is covered by the submitted health insurance plan during participation in the PPH Camp and accepts the potential costs for treatment that may or may not be covered by the stated insurance plan.
6. Agree to follow the rules established by PPH for the duration of participation in the Camp.
7. Agree to abide by any decisions made by PPH in regards to removal from participation in any or all of the PPH official or unofficial activities, events or competitions, including permanent removal from the Camp.
8. Consent to allow player picture and/or voice or likeness to appear in any official documentary or film coverage, or in any publication developed for PPH in any manner incidental to participation in the Camp, without compensation to the player.

The undersigned has (i) read and understands this release and understands that he or she has given up substantial rights by signing it and (ii) signs this release voluntarily:

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ***Emergency Medical Consent Form***

As parent or legal guardian of the above named player, hereby grant permission to give emergency medical treatment (diagnostic, medical, or surgical) by qualified medical personnel deemed necessary in the event that I (we) can not be reached. I (we) request that in my absence, the named player may be admitted to any hospital or medical facility for diagnosis and treatment. I (we) authorize the PPH to summon an ambulance to transport the participant to the hospital, or nearest facility based on the conditions pertaining to the incident. I (we) also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I (we) request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses, dentists, to perform any diagnostic procedures, treatments procedures, operative procedures and x-rays on the above minor. I (we) have been given no guarantee as to the results of examination or treatment. I (we) and our insurance carrier accept any and all responsibility for all costs associated with the medical care of the above player. I (we) further agree to hold harmless the hospital, its employees, official agents and attending physicians from any and all liability.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Player's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy # \_\_\_\_\_

Any medical problem(s) we should know about:

**If you have any questions, please call us at (612) 590-6750 -or- email [purehockey@gmail.com](mailto:purehockey@gmail.com)**