

Midwest  
**Women's**  
COLLEGIATE  
HOCKEY

*Exposure*  
**Camp**

**July 5–7, 2013**

**Cornerstone Ice Arena  
DePere, Wisconsin**

## Registration

Name \_\_\_\_\_ Grade (in 2013–2014) \_\_\_\_\_

Address \_\_\_\_\_

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

Current Team \_\_\_\_\_ Position \_\_\_\_\_ Shoot \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Make check or money order payable to: **MWCHEC** (Midwest Women's Collegiate Hockey Exposure Camp)

Mail to: Mike Cowan, Collegiate Camp, 529 Willow Dr., Fond du Lac, WI 54935

## Release of Liability and Acknowledgment of Risk

I/We recognize and acknowledge the fact that ice hockey is a sport in which there are risks of injury to the participant. Desiring that the above signed minor participate in the Midwest Women's Collegiate Hockey Exposure Camp as a player, and in consideration of her enrollment, I/we voluntarily and knowingly recognize, accept, and assume this risk and release Midwest Women's Collegiate Hockey Exposure Camp, its affiliates, officials, employees, instructors, and coaches from any and all liability therefore.

**Read the above before signing.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature (or Participant if 18 or older)