

Midwest
Women's
COLLEGIATE
HOCKEY

Exposure
Camp

June 27–29, 2014

**Cornerstone Ice Arena
DePere, Wisconsin**

Registration

Name _____ Grade (in 2014–2015) _____

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)