



PEAK PERFORMANCE

2022

APPLICATION



Choose Your Session(s)

☆ Game Day Camp Session I (M-F)	June 6 th – 10 th	\$295	Select	\$ _____
☆ Game Day Camp Session II (M-F)	June 13 th – 17 th	\$295	Select	\$ _____
☆ Summer All Day Skills Camp (M-F)	June 20 th – 24 th	\$295	Select	\$ _____
☆ Game Day Camp Session III (M-F)	June 27 th – July 1 st	\$295	Select	\$ _____
☆ Skills & Drills Tryout Prep Camp	September 9 th – 25 th	\$175	Select	\$ _____
Total Camp Fees:				\$ _____

Choose Your Position: Skater _____ Goalie _____

Choose Your Age Group: 7 – 9 Years Old _____ 10 – 12 Years Old _____



Player's Name: _____ Age: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Hometown: _____ Last team Played For: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Does the player have any medical conditions / allergies? (circle) YES NO

If yes, please list _____

Player's last team: _____ Level: _____ Position: _____

Waiver and Release of Claims

Please read this form carefully. When you sign this form you waive and release all claims for injuries your child might sustain arising out of their use of the facilities and participation in the activities and programs at a Peak Performance Hockey Camp (PPHC).

Acknowledge risk injury: As a participant in the activities or programs at PPHC, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss that my child may sustain because of participation or use of such facilities, activities or programs.

Waive, Release & Indemnify: I hereby waive, release and discharge any and all claims I may have or may acquire against PPHC, its officers, agents, servants and employees as a result of my or my child's participation in all programs and activities of PPHC; and I agree to indemnify and hold harmless PPHC, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are participating in a PPHC program, except for willful and wanton misconduct by PPHC personnel. I have read and fully understand the above Waiver and Release of all Claims Form.

Signature of Parent/Legal Guardian

Date

All camp sessions will fill on a first come, first served basis with a completed application and complete camp fee paid.

Please make checks payable to: **BOB MONTROSE**

Please Mail Completed Application and Payment to:

Peak Performance Hockey Camps
1157 8th Avenue NW
Byron, MN 55920

