



ADVANCED CAMP 2010

JUNE 7 - 11, 14 - 18, 21 - 25, 2010

- LIMITED TO 12 SKATERS.
- MUST BE 14 YEARS OR OLDER TO APPLY.
- ALL PLAYERS MUST APPLY AND BE ACCEPTED.
- THREE (3) WEEK CAMP STARTING JUNE 7 - 11, JUNE 14 - 18, AND JUNE 21 - 25.
- MINIMUM OF SIX (6) HOURS OF ON ICE TRAINING PER WEEK.
- MINIMUM OF SIX (6) HOURS OF DRY-LAND TRAINING PER WEEK.
- CAMP WILL BE INTENSE AND FAST PACED.
 - IT WILL FOCUS ON:
 - ON-ICE AND OFF-ICE STRENGTH AND CONDITIONING
 - PLAYER SKILL DEVELOPMENT
 - SHOOTING AND PASSING
 - BODY CONTACT
- CAMP IS DESIGNED TO HELP PLAYERS WITH TRY-OUT CAMPS. IT WILL ALSO HELP PLAYERS TO STAND OUT DURING TRY-OUT CAMPS.
- CAMP WILL START AT 7:30AM EACH DAY.
 - PLAYERS WILL NEED TO BRING PROPER SHORTS AND SHOES EACH DAY FOR DRY LAND TRAINING

COST - \$400

ALL APPLICATIONS TO BE SENT TO TOM HERMAN, THERMAN@ELPASOHOCKEY.ORG

**El Paso Hockey Association
Waiver of Liability, Release
Assumption of Risk & Indemnity Agreement**

For and in consideration of participant's registration with the El Paso Hockey Association, Inc., its Affiliate, Regional Association, and member team (hereafter EPHA) and being allowed to participate in EPHA events and member team activities, the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death occurring to participant arising out of participation in EPHA events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant may have are hereby relinquished and the participant (or parent(s)/guardian(s) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey and any member team activities, and understand that said sport and activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. It is further acknowledged that there may be risks and dangers now known to us or are not reasonably foreseeable at this time. I/We agree to abide by and be bound under the rules of the EPHA, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to EPHA members upon written request.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant or participant's parent(s)/guardian(s) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever of wherever made or presented for participant's personal injuries, property damage or wrongful death.

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releasees. "Releasees" include the Interscholastic Hockey Association, Inc., the El Paso Hockey Association, its Affiliate Associations, Local Associations, Member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to the EPHA's secondary insurance policy, which could affect any coverage under our policy. Read your brochure carefully and contact the EPHA or a District Risk Manager if you have questions.

_____ Age _____ Date Signed _____
PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

_____ Date Signed _____
PARENT OR GUARDIAN SIGNATURE
(If Participant is 17 years of age or younger)

___ I have read this agreement and agree to all the provisions contained above. I also agree that I am 18 years of age or older.

Advanced Camp 2010

Registration Form

Player Information

Name: Last: _____ First: _____ DOB: _____
Email: _____ Phone: _____
Street: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information

Parent/Guardian: _____ Work Phone: _____
In case of emergency, contact:
Name: _____ Phone: _____ Relation: _____
Physician: _____ Phone: _____
Any Medical Problems? _____

Minimum Equipment Requirements

All participants must have their own skates, hockey stick, and protective equipment, including protective cup (males), helmet with full face mask, shoulder pads, elbow pads, knee/shin guards, gloves and mouthpiece. **If you do not have these please ask and we will supply it.**

Indemnification Agreement

I hereby release, discharge and/or otherwise indemnify the EL PASO HOCKEY ASSOCIATION and member teams, its employees and associated personnel, including the owners of the arenas and facilities utilized by the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. As the parent/guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of dependent.

I hereby give my approval and consent to this Indemnification Agreement.

Name: _____ Signature: _____ Date: _____
Parent/Legal Guardian (Please Print)

____ I have read this agreement and agree to all the provisions contained above. I also agree that I am 18 years of age or older.