

LAKEVILLE SOUTH HIGH SCHOOL GIRLS SUMMER 4-DAY CAMP

4-day program Monday July 26-Thursday July 29 from Noon-230 at Lakeville Ames Arena rink 1...cost \$125 (goalies \$70) for those entering grades 8-12.

Ice sessions will be broken up into drills from Noon-115 and then scrimmage 130-230. All players will skate each day from noon-115. Not all players will skate from 130-230 each day (and some may skate a different time to makeup for the hour), those details are still being worked on. The goal is to line up scrimmages each day (splitting our players up into 2 groups to keep the team size manageable for adequate scrimmage time) so each player will play in 2 scrimmages during the 130-230 time slot and 1 or 2 scrimmages outside of the 4-day camp. If we can't fill all of the scrimmage slots with other teams we will have inter-squad and small area game scrimmages for the hour. **Once everything is figured out, a schedule will be emailed.**

Ice sessions will be led by LSHS Head Girls Hockey Coach Perry Wilkinson and the rest of the LSHS Girls Hockey coaching staff. This program should be attended by those who want to improve their hockey skills and or anyone who might have any interest in playing for the Lakeville South Cougars.

Please read and fill out registration, release, and medical consent form below. Detach the form and send to **Perry Wilkinson, 7675 142nd St. W #111, Apple Valley MN 55124**. Make checks payable to PW Hockey Development, Inc. Space is limited, full payment must be made at time of registration, spots will be filled on a first-come, first served basis (09-10 LSHS players will have spot reserved until March 31). Cancellations must be made by July 10th in order to receive full refund. If filled, you will be placed on a waiting list and your payment will be returned if not accepted. **Any questions, contact Perry Wilkinson at 952-240-5322 or lshsgirlshockey@gmail.com.**

Detach here and return with payment (see above for payment information)

Player Name: _____ Parent Name(s): _____

Address: _____ City/Zip: _____

Parent Email(s): _____

09-10 Team and level played: _____ Position (circle): F D F/D G

10-11 Grade level and school you will be attending _____

By signing below, I, the parent/guardian of _____, give permission for this child to participate in Lakeville South High School Girls Summer Hockey. We assume all risks and hazards related to participation. We waive, release, and absolve any indemnity and or liability and agree to hold harmless Lakeville South High School, PW Hockey Development Inc., and all staff involved with the training for any claim arising from injury or damage to my child or their property. I agree that clinic staff, medical, hospital, and emergency personnel may carry out all treatment determined by them to be necessary in the case of injury or illness. This includes the rendering of emergency care.

Signed: _____ Best Phone #: _____

Alternate person to notify in case of emergency and phone #: _____

If your child has any allergies and/or health conditions that we should be aware of, please list below: