



Integrity Sports INTERNATIONAL

Fill Out And Return This Form With Check/Money Order To:

Integrity Sports International
4350 Browndale Ave.
St. Louis Park, MN 55424

Player Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone _____

Player Date of Birth: _____ Player Position: _____

Male or Female _____

Parent Email Address:

(VERY IMPORTANT: Camp Information and Notices Will Be Sent To The Email Given.)

Select Jersey Size - S M L XL XXL XXXL

Choose Your Camp:

Camp: Elite High School Summer Hockey Program

Please register me for the following camp(s) or clinic(s):

Boys - \$450 (Enclose Check Or Money Order With Form Payable To ISI)

Girls - \$300 (Enclose Check Or Money Order With Form Payable To ISI)



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Fill Out And Mail Waiver To:

Integrity Sports International
4350 Browndale Ave.
St. Louis Park, MN 55424

Waiver Of Liability:

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the camper while participating in any activities of or while on the premises of Integrity Sports International or premises leased or otherwise under the control of Integrity Sports International.

The undersigned assumes all responsibility for any and all risk of damage or injury that may occur to the above named player as a participant in Integrity Sports International including camps, practices, scrimmages, skills sessions, clinics, boarding camps, games, tournaments and other activities related to the program. Additionally, the undersigned hereby releases and discharges the program, Shjon Podein, its operators, employees, agents, supervisors, instructors and other players from all claims, demands, rights or causes of action present or future, whether known or anticipated and resulting from or arising out of incident to the undersigned participation in said program. This is also my permission to have my child admitted and attended to, for medical and dental treatment, in case of sickness or injury. I hereby grant Integrity Sports International the right to use photographs, video images and/or other media of my child for publicity, advertising and/or other commercial purposes. Integrity Sports International has a zero tolerance policy with respect to uncontrollable behavior, alcohol, tobacco, drugs and other controlled substances and weapons of any kind. Any participant possessing any of these will be immediately dismissed from the program and will forfeit all amount paid. By signing this release and by being enrolled in this program you assent to the enforcement of this policy and you hereby grant Integrity Sports International the right to inspect any and all personal belongings at any time on or off premises in relation to the program. Dates, times and prices are subject to change.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Event is taking place and agree that if any portion of this agreement is invalid, the remainder shall continue in full legal force and effect.

Printed Name of Player _____

Printed Name of Parent / Legal Guardian _____

Signature of Parent / Legal Guardian _____

Date _____