

Darwitz Hockey Development

Registration

First Name _____

Last Name _____

Parent(s) Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone _____

E-mail _____

Birth date _____ Gender M F

Position Played Last Season _____

Level of Hockey Played Last Season _____

Session Level that fits your next season profile:

SESSION #1 SESSION #2

T-Shirt size – please check the appropriate sizing (adult sizes only)

EXTRA-SMALL SMALL
 MEDIUM LARGE

Does your child have any pre-existing medical conditions that we should be aware of (i.e. Asthma, etc.)? Please list any conditions you feel are appropriate.

Mail completed form and check by May 15th to:

Natalie Darwitz
4655 Pine Cone Circle
Eagan, MN 55123

Schedule

June 20-25, 2011
Eagan Civic Arena

Session #1: Ages 14 & Under (Girls & Boys)
3:15-4:15 p.m. on-ice (M-F)
4:30-5:30 p.m. dryland
10:15-11:15 a.m. (Sat)

Session #2: Ages 9 & Under (Girls & Boys)
4:30-5:30 p.m. on-ice (M-F)
9:00-10:00 a.m. (Sat)

SATURDAY IS GAME DAY!



5th Annual
Darwitz Hockey Development
Clinic June 20-25, 2011



Eagan Civic Arena
3870 Pilot Knob Road
Eagan, MN 55123
651-675-5590

For information:
darwitzhockey.com
or contact 651-688-7832 or
darwitzhockey@hotmail.com



Darwitz Hockey Development is a unique one week hockey experience for hockey players who want to improve their hockey skills and knowledge. Darwitz Hockey Development is a skills development program designed to help you improve all aspects of the game of hockey. Natalie and her staff have learned from the best, played with the best and their knowledge is ready to be passed on to hockey players that are willing to improve their game.

For any hockey player, this is a great opportunity to learn and improve their skills with an Olympian and National Champion.



Cost

Session #1 \$250
 Session #2 \$195
 Goalies \$65

Registration is based on first come/first serve basis. Space is limited.

E-mail confirmation as well as your cancelled check is confirmation you are enrolled in Darwitz Hockey Development.

No Refunds once clinic begins.

There will be a 10% discount for registering more than one family member.

Instructors

★ **Natalie Darwitz** 2010 Olympic Team Captain. Assistant Coach at the University of Minnesota. Member of 2002 and 2006 US Olympic teams. Former University of Minnesota All-American, back-to-back NCAA National Champion. Former All-State Captain from Eagan High School.

★ **Mike Carman** Current NHL forward. Former University of Minnesota standout. Played High School hockey for Holy Angels and played youth hockey for Apple Valley.

★ **Gigi Marvin** 2010 US Olympian. Former University of Minnesota standout and Captain. Former All-State player at Warroad High School

★ **Alyssa Grogan** Current top goaltender for the University of Minnesota. Former All-State goalie and Captain from Eagan High School.

★ Darwitz Hockey Development will also include several other guest instructors throughout the week.

Darwitz Hockey Development

Consent

The parent/legal guardian for the participant(s) must sign and complete this form in it's entirety before a player can participate in Darwitz Hockey Development.

Parent/Legal Guardian Agreement

I, parent/legal guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Darwitz Hockey Development. Recognizing that possibility of physical injury associated with sports and in consideration for Darwitz Hockey Development accepting the registrant for its hockey clinic and activities, I hereby release and discharge Darwitz Hockey Development, their instructors and associated personnel including the owners of the facilities utilized and their staff for the clinic, against any claims by or on behalf of the registrant as a result of the registrant's participation in Darwitz Hockey Development.

Further, the undersigned agrees that Darwitz Hockey Development is not held responsible for accidents; injury or loss of property however caused, and agrees to release the facility for all claims that may arise as result of such accidents or loss and agree to possess Primary Insurance that covers my child's activities in the clinic.

ALL PLAYERS MUST WEAR ALL PROTECTIVE GEAR AND EQUIPMENT AS REQUIRED FOR PLAY IN THE MINNESOTA HOCKEY LEAGUE AND BY AHUAS.

 PARENT/LEGAL GUARDIAN (Print Name)

 SIGNATURE

 Date

 Emergency Contact Phone Number