



# 2009 EXPLODE Camp Registration

August 3-7, Kettler Capitals IcePlex, Arlington VA

## Step 1- Participant Information

Skater's Name: \_\_\_\_\_ Parent's name (if minor): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number (H/C): \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact, name and phone: \_\_\_\_\_  
 Birth Year \_\_\_\_\_ 2008-09 Team: \_\_\_\_\_ 2009-10 Team (if known) \_\_\_\_\_  
 Most recent regular season coach & contact information: \_\_\_\_\_  
 Special concerns: \_\_\_\_\_  
 Do you need local lodging information sent to you? \_\_\_\_\_

## Step 2- Select your group (\*Please note: This camp is for ELITE TRAVEL PLAYERS ONLY)

**Daily Schedule includes:** 5 hours of speed specific on and off ice training... 3 ice sessions: Open ice breakaway training with and without pucks, On-ice speed station training, On-ice full speed challenges with laser timers. 3 off-ice sessions: speed technique enrichment class, professional off-ice speed specific strength and conditioning, and core strength/balance/deep flexibility. Plus a meal break (bring or buy your own heavy nutritious snacks).

**Please note:**

Spaces are non-transferable. \*Cancellations before July 3, 2009 are subject to a \$50 cancellation fee. Cancellations after July 3, 2009 are non-refundable.

<input checked="" type="checkbox"/>	<b>ColdRush <i>EXPLODE</i>- \$485</b>	
	<b>Midget &amp; Bantam AA/AAA Travel- (born in or before 1996)</b>	<b>11:45 am- 6:30 pm</b>
	<b>Bantam A &amp; Pee Wee A/AA/AAA Travel (born in or before 1998)</b>	<b>11:15 am - 6:00 pm</b>

**All participants receive a ColdRush jersey and water bottle**

## Step 3-Read and sign the liability waiver

**Waiver of Liability**

I, as the parent/guardian of \_\_\_\_\_ or for myself, hereby give my permission (for him/her) to participate in Wendy Marco's ColdRush Camp ("Program"). In consideration of being allowed to participate in any way in the Program, related events and activities, and in consideration of services rendered by the "Releasees" listed below, the undersigned specifically acknowledges, appreciates, represents, and agrees that: The risk of injury from the activities involved in this Program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees listed below or others or hidden, latent or obvious defects in the equipment, premises, or facilities used. I further state that I am in proper physical condition to participate in this Program. I assume full responsibility for my participation, and I willingly agree to comply with the stated and customary terms and conditions for my participation. If however, I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately. I understand that participants in this Program will be training with and utilizing customized equipment and that timing devices may be employed, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Ashburn Ice House, Kettler Capitals IcePlex, CRP Management, their officers, officials, agents, contractors and/or employees, other participants, Wendy Marco, ColdRush, and SkatePower LLC, and their instructors, contractors and/or employees ("Releasees") with respect to any and all liability, claims, injury, disability, death or loss, or damage to person or property, whether arising from the negligence, both passive or active, of the Releasees or otherwise. I have read this waiver of liability and assumption of risk agreement, and I fully understand its terms. I understand that I have given up substantial rights by signing it, and I sign this waiver and release freely and voluntarily without any inducement.

Signature (parent or legal Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Step 4- Send full payment to:** Wendy Marco, PO Box 650896, Potomac Falls, VA 20165

**On-line registration is also available at**  
[www.ColdRushHockey.com](http://www.ColdRushHockey.com)