

Midwest  
**Women's**  
COLLEGIATE  
HOCKEY

*Exposure*  
**Camp**

**June 21 – 23, 2019**

**Cornerstone Ice Arena  
DePere, Wisconsin**

## Registration

Name \_\_\_\_\_ Grade (in 2019–2020) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Team \_\_\_\_\_ Position \_\_\_\_\_ Shoot \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Make check or money order payable to: MWCHEC (Midwest Women's Collegiate Hockey Exposure Camp)

Mail to: Mike Cowan, Collegiate Camp, 529 Willow Dr., Fond du Lac, WI 54935

## Release of Liability and Acknowledgment of Risk

I/We recognize and acknowledge the fact that ice hockey is a sport in which there are risks of injury to the participant. Desiring that the above signed minor participate in the Midwest Women's Collegiate Hockey Exposure Camp as a player, and in consideration of her enrollment, I/we voluntarily and knowingly recognize, accept, and assume this risk and release Midwest Women's Collegiate Hockey Exposure Camp, its affiliates, officials, employees, instructors, and coaches from any and all liability therefore.

Read the above before signing.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature (or Participant if 18 or older)