

2007 J Robinson Hockey Camps

Intensive Camps

- ☐ **10-Day Intensive Camp – Bowling Green, OH**
 June 17-26 - \$1275 (\$1075 Goalie Rate)
- ☐ **21-Day Intensive Camp – Minneapolis, MN**
 July 6-26 - \$2295 (\$1895 Goalie Rate)
- ☐ **14-Day Intensive Camp – Morrisville, NY**
 July 28-August 10 - \$1695 (\$1495 Goalie Rate)

Colorado

- June 10-14
☐ \$595 Resident
☐ \$495 Commuter/Goalie

Pennsylvania

- July 22-26
☐ \$595 Resident
☐ \$495 Commuter/Goalie

5-Day Skills & Drills Camps

Wisconsin

- June 17-21
☐ \$595 Resident
☐ \$495 Commuter/Goalie

New York

- July 29-August 2
☐ \$595 Resident
☐ \$495 Commuter/Goalie

Minnesota

- June 24-28
☐ \$595 Resident
☐ \$495 Commuter/Goalie

Massachusetts

- August 5-9
☐ \$595 Resident
☐ \$495 Commuter/Goalie

Ohio

- July 15-19
☐ \$595 Resident
☐ \$495 Commuter/Goalie

Important: Fill in ALL Information Completely

Camper Name _____ **Parent/Guardian Name (PLEASE PRINT)** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone Number Home (____) _____ Work (____) _____ **E-Mail** _____

High School _____ **Coach** _____

Address _____ **City** _____ **State** _____ **Zip** _____

(PLEASE CIRCLE)

Level PW Bant Midg - A B C - JV Varsity **Position** (PLEASE CIRCLE) Forward Defense Goalie

Roommate Request _____ **Birth Date (MM/DD/YY)** ____/____/____

Height _____ **Weight** _____ **Gender** M F **HS Grad. Year** _____

(PLEASE CIRCLE) (Adult Sizes - 100% Cotton) (PLEASE CIRCLE APPLICABLE DISCOUNTS)

T-Shirt Size: S M L XL XXL **Early Enrollment (Postmarked by 3/1/07)** **Group (4+)** **Family (2+)**

(Hockey Jersey will be 1X larger (Goalie 2X) than T-Shirt Size)

Past Camper? NO YES: Year _____ Camp attended _____

There is a required \$50 dorm room key deposit (returned upon check-out pending key return & room evaluation)
 and a mandatory \$10 secondary payer insurance policy.

Contract of Camp Application: I recognize that there are dangers inherent in the sport of Hockey and its training elements, and agree to assume all risks related to my child's participation. I release, waive, discharge and covenant not to sue the University of Minnesota, its athletic department and staff, J. Robinson Intensive Camps and its staff, owners, employees, and agents from any and all claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to my child, whether caused by the negligence of the employees, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. I hereby grant J. Robinson Camps the right to use photographs, video images and/or other media of my child for advertising, publicity and/or other commercial purposes. *By signing below I acknowledge that I have read, understand and accept the above contractual agreements. I have read and willingly agree to the terms listed at <http://www.jrobinsoncamps.com/terms.php> (available in alternate formats by request).

Parent/Guardian Signature _____ **Date** ____/____/____

Applicant's Signature _____ **Date** ____/____/____

A NON-REFUNDABLE deposit is due with your application (\$300 for Intensive Camps, \$100 for 5 Day Camps)

Payment Method:

I would like confirmation materials via:

(PLEASE CIRCLE) U.S. Mail Internet

Check – Amount _____ Check # _____

Credit Card – Amount: _____ (PLEASE CIRCLE) VISA / MasterCard / Discover

Card # Exp. Date

Cardholder Name (PLEASE PRINT)

Cardholder Signature

Enrollment
 Code
HK - Y

Thank You. You will receive verification of receipt of your application within 10 business days. Mail Form to:
J Robinson Hockey Camps - 2520 East Hennepin Ave - Minneapolis, MN 55413
Online: JRobinsonHockeyCamps.com - Phone: 888.333.6585 - Fax: 612.349.6584