



Minot Minotauros Hockey School Application August 14th - August 18th

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Gaurdian's Names: _____

Email address: _____

Evening Telephone Number: _____ Daytime Telephone Number: _____

Cell Phone Number: _____ Player's Birth Date (M/D/Y): _____ Age: _____

Group (circle one): Mites Squirts PeeWee/Bantam

Gender (circle one): Male Female Height: _____ Weight: _____

Position (circle one): Goalie Defense Forward

2.5 hours on Ice Daily	Chalk Talk Daily	Synthetic Ice Shooting	Dryland Training
- Skating stride - Tight Turns - Edge Work - Power Skills - Small Area Games - Stick Handling Bars	- Positioning - Video - Daily Focus Topics - Team Building - Special Teams	- Radar Gun - Target Shooting - Small Area Skills - Shooting Angles - Quick Release	- Quick Feet - Agility - Explosive Power - Transition - Core Strength



Please remit payment by check in full with application by mail to:

Minot Minotauros
P.O. Box 3510
Minot, ND 58701

Payment is non-refundable after June 1st, 2015



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Jersey Order					
Applications must be received by June 1st to receive a free jersey					
Youth:	XS	S	M	L	XL
Adult:	M	L	XL		

Hockey School Policy	
<p>In signing this application, the parent certifies that the child is in good, normal health and has no physical handicaps. The SCHOOL will provide every safeguard for the health and welfare of each child, but will not be responsible fo for sickness or accidents. We reserve the right to use any picture taken during your child's play at the school for advertising or instructional purposes.</p> <p>The applicant agrees that the Minot Minotauros Hockey School and/or its proprietors will not be held responsible for any accidents or loss, however caused, and agrees to release the proprietors from all claims or damages which may arise as a result of or by reason of such accidents or loss. I have read and agree to the above conditions.</p> <p style="text-align: center;">THE HOCKEY SCHOOL RESERVES THE RIGHT TO CANCEL RESERVATIONS IF FEES ARE NOT PAID AS REQUIRED</p>	
Signature of Parent/Guardian	Date

Minot Minotauros
P.O. Box 3510
Minot, ND 58701

Phone: (701)852-0101
Email: skills@minotauroshockey.com
www.minotauroshockey.com

For office use:	
Amount & method of payment: _____	Date: _____