



# St. Charles Floor Hockey Camp



Teams will be chosen from sign-ups on Tuesday, June 8th at 12:30 PM. Regular season games will be held Monday – Wednesday starting at 12:30 P.M. Playoffs will be held on Thursday beginning at 12:30 P.M. Individual trophies will be awarded to our Playoff Champions and Regular Season Champions Thursday after the final game. If you have any questions, please contact Mark Kenney at 612-787-1118 or mkenney@stchbs.org. Thank you and have a great summer!

**When:** Tuesday, June 8 – Friday, June 11, 2021

**Who:** Boys and Girls 4<sup>th</sup> – 8<sup>th</sup> Grade

**Time:** 12:30 P.M. – 2:30 P.M.

**Where:** St. Charles Gymnasium -- 2727 Stinson Blvd. N.E. St. Anthony, MN

**What to bring:** Athletic shoes, shorts, t-shirt.

**Cost:** \$40.00 per participant (Please make checks payable to St. Charles Athletic Dept.)

**Please fill out the application below and return it to St. Charles by Friday, June 4th.**  
**Please keep the top portion for your records. Thank you.)**

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**FAMILY INFORMATION**

Student/Participant \_\_\_\_\_ Grade (fall 2020) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Best Phone #s to Reach You During This Camp: \_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

I understand the conditions for art camp and am willing to abide by these conditions.

Signature of Student \_\_\_\_\_

