

Northeastern Minnesota High School Elite Hockey Camp

August 13th – August 16th

Camp Features:

- 10 HRS of high intensity on ice training
- High Level Coaches
- 2 sessions per day
 - Morning Sessions are 8:00am – 9:15am Monday – Thursday
 - Afternoon Sessions are 3:45pm – 5:00pm Monday – Thursday

Eligibility: Grades 10-12, Invite only limited to the first 30 registered

Fee: Individual Fee Only **\$150**. Registration deadline August 1st, **2018**

Please Mail Payment to:

John Klatt-NEHSE
PO Box 161001
Duluth MN 55816

Coaches Bio:

Coach Cullaton started coaching, after a strong 15-year professional playing career.

He led the Boulder Jr.A Bison to a National birth in the franchise's first season. After juniors Coach Cullaton was the Assistant General Manager/Director of Hockey Operations for the Denver Cutthroats of the Central Hockey League. Coach Cullaton currently scouts for the Bismarck Bobcats of the NAHL.

Coach Storie has established himself as Northeastern Minnesota's finest one on one skills instructor.

After a stellar Collegiate career, Sean has coached High School Hockey and in the NAHL with the Janesville. He currently works with the College of St Scholastica D-3 team and the Marshall Boys team.

Registration Form **Northeastern Minnesota High School Elite Hockey Camp - Please include \$150 payment**

Player's Name: _____ Position: _____

High School Attendance: _____ Grade 18-19 season: _____

Dad's Name & Cell: _____ Mom's Name and Cell: _____

Parents Email: _____ Players Cell: _____

Address: _____ City: _____ Zip: _____

Release of Liability: I, and my heirs, in consideration of my child's participation in the Northeastern High School Elite High School Camp, hereby release its coaches, Mars Lakeview Arena, its officers, employees, agents, the Northeastern High School Elite High School Camp, and any other people officially connected with this camp from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this camp. I understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand that the camp does not provide medical coverage for my child. I verify that I will be responsible for any medical costs incurred as a result of my child's participation.

Parent / Guardian Signature _____ Date: _____