



2025 Armstrong Cooper Wings Girls High School Hockey Fall Clinic Registration

Athlete Name _____ Grade _____

Address _____

City _____ Zip _____

Parent/Guardian(s) _____

Contact phone number _____

Contact e-mail _____

Form is due before stepping on the ice - no player will be allowed to participate until a signed waiver form is submitted.

Please mail or email completed form to Rick at address below

Program Cost: **Included with Booster Fees**

Fees: **Booster Fees are \$500** (payable by check made to AC Girls Hockey Booster Club, or with Zelle [email: treasurer@acgirlsbooster.com] or \$515 via [PayPal](#))

Contact:

Rick Mack, President

AC Girls Hockey Booster Club

3715 Evergreen Lane North

Plymouth, MN 55441

Phone: 651-278-8964

Email: president@acgirlsbooster.org

Girls High School Fall Hockey Clinic

Parental Consent Form

In consideration of acceptance of

_____ (athlete)

As a participant in the Armstrong Cooper HS Girls Hockey Fall Clinic, the participant and parent or guardian agrees that the Fall clinic staff, Minnesota Hockey, the Armstrong Cooper Girls Hockey Booster Club and officers, Armstrong/Cooper High Schools, staff and coaches, the Armstrong-Cooper Youth Hockey Association, its staff and coaches, the New Hope Ice Arena and its staff and the City of New Hope will not be held responsible for any accidents, injuries or loss, however caused, and agrees to release the Armstrong Cooper HS Girls Hockey Fall Clinic coach(s) and staff, Minnesota Hockey, the Armstrong Cooper Girls Hockey Booster Club and officers, Armstrong/Cooper High Schools, staff and coaches, the Armstrong-Cooper Youth Hockey Association, its staff and coaches, the New Hope Ice Arena and its staff and the City of New Hope from all claims or damages which may arise as a result of, or by reason of such accident, injury or loss. It is further agreed that all risks attendant to watching and/or participating in the Armstrong Cooper HS Girls Hockey Fall Clinic are assumed by the participant and her parents and/or guardian and this assumption is acknowledged and approved by the signature hereto:

If under 18:

_____ (Parent/Guardian signature) Date: _____

If over 18:

_____ (Athlete/Participant signature) Date: _____

Girls High School Hockey Fall Clinic Schedule

Dryland & Skating

Arrive wearing t-shirt, shorts & tennis shoes for dryland. Bring a full set of gear for skating - immediately following dryland.

****BRING your own labeled water bottle****

Dryland times will vary, see below for planned times:

9/24	Wed	7:00 PM-7:45 PM 8:00PM-9:00 PM	Dryland On Ice	New Hope South
9/28	Sun	6:15 PM-7:00 PM 7:15 PM-8:15 PM	Dryland On Ice	New Hope South
10/1	Wed	7:45 PM-8:30 PM 8:45PM-9:45 PM	Dryland On Ice	New Hope South
10/5	Sun	6:15 PM-7:00 PM 7:15 PM-8:15 PM	Dryland On Ice	New Hope South
10/8	Wed	8:45 PM-9:45 PM	On Ice	New Hope South
10/12	Sun	6:15 PM-7:30PM 7:15 PM-8:15 PM	Parent Mtg On Ice	New Hope South
10/15	Wed	8:45 PM-9:45 PM	On Ice	New Hope South
10/19	Sun	6:15 PM-7:00 PM 7:15 PM-8:15 PM	Dryland On Ice	New Hope South
10/22	Wed	7:45 PM-8:30 PM 8:45PM-9:45 PM	Dryland On Ice	New Hope South
10/26	Sun	6:15 PM-7:00 PM 7:15 PM-8:15 PM	Dryland On Ice	New Hope South