

BURGGRAF ISO™ 2026 AUG 2ND- AUG 7TH

INDIVIDUAL ISOLATION CLINIC ENROLLMENT FORM

\$300 DEPOSIT REQUIRED WITH REGISTRATION FORM

*****PLEASE PRINT CLEARLY*****

NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PREVIOUS INJURIES: _____ CONCUSSIO: _____
LEVEL OF PLAY NEXT YEAR: _____ AGE: _____ BIRTH YEAR: _____
POSITION: _____ ALLERGIC REACTIONS OR ALLEGERIES: _____
IN CASE OF EMERGENCY: CONTACT: _____ PHONE: _____
EMAIL ADDRESS PRINT CLEARLY: _____ @ _____ . _____

PLEASE NO GROUP JUMPING

PLEASE CHECK GROUP BY SKATER AGE

ALL GROUPS ARE LIMITED NUMBERS.	CHECK HERE
GROUP 1 EARLY START (GP1 ES) SQUIRT/PW/G10U G12U.....	\$895 _____
LIMITED TO 24 SKATERS. 7:45AM-11:45AM	
GROUP 1 LATE START (GP1 (LS) SQUIRT/PW/G10U -G12U.....	\$ 895 _____
LIMITED TO 24 SKATERS. 1:30PM-5:15PM	
GROUP 2 BANTAM /G14U-18U.....	\$1300 _____
LIMITED TO 18 SKATERS. 11:00AM-5:45PM. NOON MEAL	
GROUP 3 HIGH SCHOOL.....	\$1500 _____
LIMITED TO 15 SKATERS. NOON MEAL 8:30AM-4:00PM EVENING ON ICE TBA	
GROUP 4 ADV/JR/COLLEGE.....	\$1600 _____
LIMITED TO 15 SKATERS. NOON MEAL 8:45AM-4:00PM EVENING ON ICE TB	
LIMITED PRO.....	\$1900 _____

T-SHIRT SIZE. YOUTH XL. MEN'S: SMALL MEDIUM LARGE. XL

NOTE: Please submit your application via Text photo to 701 238-4526 or fax to 701 293 9406 or by mailing to Burggraf 7007 E Grand View LN. Gold Canyon, AZ 85119 Your \$300 Deposits checks can be mailed to BURGGRAF to the Gold Canyon address above. VENMO option will be emailed directly to your email address. **ALL ACCOUNTS must be paid in full at registration.** Any questions please contact Frank at 701 238-4526

RELEASE OF LIABILITY

Please read the following information carefully regarding your participation in the ISOTm Clinic, its drills, techniques, equipment usage, testing and evaluations. If you have any questions, please contact the Clinic Director. I understand that: my participation is solely voluntary. The ISOTm testing will be under the supervision of the ISOTm and it staff. I hereby consent to FB.Inc/Burggraf Skating Skills to use the data obtained in reports for promotional publications, but my identity will not be associated with them unless I have given permission to do so. I understand that as with any sport, there are risks to me because of my participation and that my participation in the ISOTm Program should not result in personal injury to me. HOWEVER: I acknowledge in the event of physical injury to me resulting from my participation in the ISOTm Clinic, its' drills, techniques, equipment usage, no medical treatment or monetary compensation will be provided by FB.Inc. Burggraf Skating Skills, , its staff or associates. I must look to my own health insurance policies. I understand that FB.Inc Burggraf Skating Skills, or its leased facilities are not held liable or responsible for accidents, injuries, or loss, however caused, from the drills/techniques or events associated in whole or part from my participation inthe ISOTm Programs. The ISOTm Clinic, FB.Inc. Burggraf Skating Skills, , its staffor associates are not responsible or liable for the participants, their actions, supervision, or conduct while away from the ISOTm Program, its facilitiesused, or on the participant's own time. Participants that choose to use their own transportation between facilities if under 18, must have parents signature allowing them to drive..

Any participant who willfully disobeys/breaks the Code of Ethics and guidelines governing the ISOTm Program will be dismissed from the ISOTm Program **WITHOUT ANY REFUND.** Signature of Participant Signature of Parent or Guardian: _____
I acknowledge that the participant is under the age of 18. I have reviewed and understand the information provided. I also certify that the information that is provided is true and accurate. I consent to _____ participation in the ISOTm Program.

Group Schedules posted at burggrafskating.com/programs/iso program

150