***True Foundation and Shots on Goal 2024 Bantam Fall Training Program*The emphasis of this program is Overspeed training combined with CNS overload concepts to prepare the athletes for tryouts and the winter season.**

**Athlete Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s) Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cost:** 10 sessions, $400  
  
**Payment Options:** Circle One Venmo to @scott-bond-8 Check Cash  
\*If mailing a check, send to:  
Scott Bond  
1683 Village Trail East, Unit 7  
Maplewood, MN 55109

**Questions about the training or payment options can be directed to Scott Bond at:**Email: [*scott@truefoundationhockey.com*](mailto:scott.tfhockey@gmail.com)  
Cell: 651-230-4815

**Liability Waiver**True Foundation Hockey, LLC is not an insured corporation. As a participant in this training program, I, for myself and my child, hereby waive all claims against True Foundation Hockey, LLC and it’s coaching staff, and release True Foundation Hockey, LLC from claims for any injuries suffered by my child incidental to, connected with or arising out of activities related to a True Foundation Hockey, LLC, training program, including injuries suffered as a result of negligence of True Foundation, LLC or it’s coaching staff, but not including injuries suffered as a result of willful or intentional misconduct. I give my approval to my child’s participation in all activities related to a True Foundation Hockey, LLC training program. I understand that the program for which I have given my permission may be hazardous and that injuries may occur in the normal course of play or instruction, and I assume all risks and hazards incidental to my child’s participation including transportation to and from activities. I understand that True Foundation Hockey, LLC has no medical or health insurance covering my child

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
*All sessions are at Polar Arena 3:45 – 4:45 pm***

***September 4, 6, 9, 11, 16, 18, 23, 25, 30  
October 2***