

**Check out our programs and products at:  
www.hockeycampsinternational.com**



**(905) 889-6902**

## Registration

Forms should be mailed to Hockey Camps International where they are dated as they are received. Programs fill up quickly... So register early to attend the program of your choice.

71 Glen Cameron Road, Suite #1, Thornhill, On L3T 1P5

# Registration Form

Name: \_\_\_\_\_

Surname                  First Name

Birth Date: \_\_\_\_\_

Age as of Dec. 31: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City                          Postal Code

Years of hockey Experience: \_\_\_\_\_

League and level of play \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Father Work #: \_\_\_\_\_

Positions Played: \_\_\_\_\_

Health Card# (optional) \_\_\_\_\_

Mother Work #: \_\_\_\_\_

Email \_\_\_\_\_

Allergies, Special Needs, etc. (Please be specific) \_\_\_\_\_

**Before & After Camp Care:** 7:30 to 9:00am = \$35/wk. 4:15 to 6:00pm. = \$35/wk.

**Lunch Program:** \$50/wk. or \$40 for 4 day programs. Includes Friday Pizza lunch.

**Pizza Lunch:** \$10 (on last day of all camps)

**Registration:** A cheque payable to Hockey Camps International must accompany form.

A deposit of \$150 and a post-dated cheque for the balance dated no later than May 15 must accompany each application. **Cancellations** must be made 8 weeks in advance in order for a refund. There is a \$50 fee for all cancellations. A \$40 fee will apply to all returned cheques.

If you are interested in **Busing** please contact the office.

Choice	CAMP DATES	PROGRAM
1 <sup>st</sup>		
2 <sup>nd</sup>		
Alternative		

TOTAL FEES: \$ \_\_\_\_\_ (add 13% HST to all fees except Lunches)

I hereby give the Hockey School officials the authority to act in my behalf in case of emergency. I release 240353 ONTARIO LIMITED and HOCKEY CAMPS INTERNATIONAL from all claims for damages arising from any accident/injury or loss which is caused by or arising from participation of the applicant, except for within the HOCKEY SCHOOL ACCIDENT INSURANCE POLICY.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date