

**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 #: _____

Positions Played: _____

Father Work #: _____

Health Card #:(optional) _____

Mother Work #: _____

Email _____

Allergies, Special Needs, etc. (Please be specific) _____

A cheque payable to Hockey Camps International must accompany all forms.

| Choice | CAMP DATES | PROGRAM |
|-----------------|------------|---------|
| 1 st | | |
| 2 nd | | |
| Alternative | | |

TOTAL FEES: \$ _____ (add 13% HST to all fees)

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