

**Rideau Lakes Hockey Skills Camp 2010
Registration Form**

Please indicate which camp you are attending

*Week # 1 Beckwith Arena August 16th to August 20st _____

*Week # 2 Beckwith Arena August 23rd to August 27th _____

*Both Weeks _____

Player Name: _____

Parent/Guardian: _____

(relationship to player) _____

Address: _____

Phone Number(s): _____

Birth date:(day/month/year) _____

Health Card # _____

Email: _____

*****Emergency information-must provide at least two contacts**

#1 _____

#2 _____

Medical Conditions Yes No

If yes, specify _____

Allergies Yes No If yes, specify _____

PLEASE COMPLETE THE FOLLOWING

Position: _____ Shoots (left/right) : _____

Weight: _____ Height : _____

Sex: Male _____ Female _____

09/10 Hockey Team _____

RIDEAU LAKES HOCKEY SKILLS CAMP JERSEY

Please circle appropriate size.

Youth M L XL

Adult S M L XL XXL

FEES:

Option #1. Week # 1 -Beckwith Arena August 16-20 2010

\$325.00 plus HST (\$42.25) for a total of \$367.25. **\$125 nonrefundable deposit must accompany registration, along with a cheque postdated for July 5 2010 for \$242.25**

Option #2. Week #2 - Beckwith Arena August 23-27 2010

\$325.00 plus HST (\$42.25) for a total of \$367.25 . **\$125 nonrefundable deposit must accompany registration, along with a cheque postdated for July 12 2010 for \$242.25**

Option #3. Both weeks-\$600 plus HST (\$78) for a total of \$678.00. \$250 nonrefundable deposit must accompany registration, along with a cheque postdated for July 5 2010 for \$428.00

Cancellation/Refund Policy

Planning for camps and programs takes place well in advance of the start date of the camp. As a result, no refunds will be given except for medical reasons. Notification must be received 48 hours prior to the start of the first day of camp, after which time absolutely no refunds will be permitted. A doctors note is required to substantiate the reason for cancellation, and must be provided within 7 days of notification. The \$125 intial payment for one week, or \$250 payment for both weeks will not be refunded for any reason.

Make Cheque payable to :

Rideau Lakes Hockey Skills Camp

Mailing address:

Mike Millotte

86 Colonel By Crescent

Smiths Falls, Ontario K7A 5B6

mmillotte@cogeco.ca

Receipts will be issued, name to go on receipt _____

Rideau Lakes Hockey Skills Camp reserves the right to

*adjust or combine groups as necessary

*remove a participant from the school for disciplinary reasons. If a participant is removed for this reason, there will be no refund.

Agreement and Waiver

While all participants will do their utmost to ensure safety, Rideau Lakes Hockey Skills Camp participants acknowledge that there is a risk of being injured while participating in the sport of hockey, as well as on ice and off ice activities related to this camp.

I agree that I shall provide health insurance or other applicable insurance to cover any personal injury and property damage sustained by the student while participating in the activities of or while on the premises of Rideau Lakes Hockey Skills Camp. I/we understand and agree to release and forever discharge the Rideau Lakes Hockey Skills Camp, its owners, employees, officers, directors, and instructors from all demands, causes of action, suits, or liabilities for personal injury and or property damage which as a student, or my child as a student, or myself may have as a result of participating in the program. I have read, and fully understand the terms of this waiver and release and have executed it voluntarily.

Name of Parent/Guardian and relationship to child(please print):_____

Signature of Parent/Guardian:_____

Date:_____

****SIGNED WAIVER (NOT ELECTRONICALLY) MUST BE RETURNED WITH REGISTRATION FORM.**