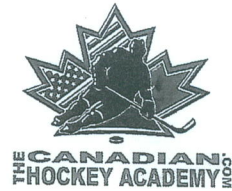




Future Stars Arena
The Canadian Hockey Academy
 1107 Finch Avenue West
 Toronto, Ontario M6A 2W4
 Tel: (416) 782 2822 Fax: (416) 782 9698
 www.FutureStarsArena.com



STUDENT REGISTRATION FORM

STEP#1: STUDENT INFORMATION

FIRST & LAST NAME															DATE OF BIRTH					
															D	D	M	M	Y	Y
HEIGHT			WEIGHT			LEVEL			POSITION			CURRENT TEAM								
□' □" □"			□ □ □			_____			_____			_____								
EMAIL ADDRESS																				
HOME ADDRESS																				
CITY																				
PROVINCE										POSTAL CODE										
HOME PHONE #																				
CELL PHONE #																				
WORK PHONE #																				
PARENTS NAME																				
MEDICAL CONDITION																				
HEALTH INSURANCE #																				

STEP#2: INPUT PROGRAM DETAILS

\$		
----	--	--

STEP#3: COMPLETE PAYMENTS INFO & SIGN CONSENT FORM

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 Future Stars Arena, The Canadian Hockey Academy, The Hockey Academy Inc. and that in consideration of the services provided in connection with ice skating, hockey programs, off-ice programs and hockey leagues. I / We understand and appreciate that the participation AND OBSERVATION OF THE SPORT of hockey constitutes a risk to me / us of serious injury, including permanent paralysis or death. I / We hereby release and forever discharge Future Stars Arena, The Canadian Hockey Academy, The Hockey Academy Inc. Inc. from all demands, causes of actions, suits or liabilities for personal injury and/or property damage which I / our child as student, or myself may have as a result of participating in said program. I hereby give you permission to seek out any necessary medical assistance myself / my child may require while attending the program. I have read and understand the policies outlined herein.

I, the adult, have read, understand and agree to the policies of Future Stars Arena, The Canadian Hockey Academy, The Hockey Academy Inc. both on the website and in the brochure. I do hereby authorize Future Stars Arena and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.

I Authorize The Hockey Academy Inc. to debit my credit card the appropriate amount for the program(s) that I am registering for. Your credit card will be "securely" kept on file and will be debited for future purchases and an invoice/receipt will be emailed. To remove your credit card from our files, please call (416) 782-2822 and speak with Elin Costa.

By submitting this form I am the legal guardian of the enrolled student and I am at least 18 years old and certify that all information is correct to the best of my knowledge and I agree to the policies and procedures of Future Stars Arena, The Hockey Academy Inc. and The Canadian Hockey Academy.

<input type="checkbox"/> VISA		EXPIRY DATE
		M M Y Y
<input type="checkbox"/> MASTERCARD		EXPIRY DATE
		M M Y Y
<input type="checkbox"/> AMEX		EXPIRY DATE
		M M Y Y
<input type="checkbox"/> CHEQUE: #		
<input type="checkbox"/> CASH		

NAME

DATE

SIGNATURE