

# IGNACE REGISTRATION FORM



**TO AVOID DISAPPOINTMENT - PLEASE REGISTER EARLY - PLEASE ADD HST**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_ PC/ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ ALT. PHONE: ( ) \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(d) (m) (y)

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

POSITION: \_\_\_\_\_ 11-12 TEAM: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOCKEY SWEATER SIZE: Youth M L XL MEN's S M L XL

## SUMMER DAY CAMPS

Please check appropriate camp(s)

| INITIATION PHASE<br>July 2-6  | COMPETITIVE PHASE<br>July 2-6, July 9-13  | HIGH PERFORMANCE PHASE*<br>* REP, AA, AAA, HS PLAYERS ONLY<br>July 16-20   |
|---|---|--|
| <b>Right Start Skating</b><br>( ) July 2-6<br>2009 & older<br><b>\$95 + HST</b>   | <b>Competitive Camps</b><br>2003 - 2001 YOY<br>( ) July 2-6 ( ) July 9-13<br><b>\$525 + HST</b>                 | <b>H.P. Camp*</b><br>( ) 2000-1998 YOY<br>July 16-20<br><b>\$525 + HST</b> |
| <b>Right Start Skills</b><br>( ) July 2-6<br>2007 - 2004<br><b>\$425 + HST</b>  | <b>Competitive Camps</b><br>2000 - 1997 YOY 2000 - 1996 YOY<br>( ) July 2-6 ( ) July 9-13<br><b>\$525 + HST</b> | <b>H.P. Camp*</b><br>( ) 1997-1996 YOY<br>July 16-20<br><b>\$525 + HST</b> |
|   | <b>18 &amp; Under Camp*</b><br>1996-1994 YOY*<br>( ) July 9-20 2 week camp only<br><b>\$1025 + HST</b>          |  |
| <b>RESIDENCE option:</b><br>Competitive II & High Performance players - Residence option is available<br><b>(\$200 / week + HST)</b> ( ) July 9 - 13 ( ) July 16-20 |   |  |

## PROGRAM PAYMENT SCHEDULE

Cost of summer program(s) selected .....\$ \_\_\_\_\_

Deduct \$25.00 multiple week discount .....\$ \_\_\_\_\_  
(applied to 18 & Under Camp already)

Cost of Residence per week (\$200 / week).....\$ \_\_\_\_\_

SUBTOTAL.....\$ \_\_\_\_\_

ADD 13% HST.....\$ \_\_\_\_\_

TOTAL.....\$ \_\_\_\_\_

DEPOSIT ENCLOSED (minimum 50%) .....\$ \_\_\_\_\_

BALANCE OWING:.....\$ \_\_\_\_\_

Please charge balance as a post-date VISA on July 1, 2012 \_\_\_\_\_ YES

VISA #: \_\_\_\_\_ Expiry \_\_\_\_\_

CARD HOLDERS NAME & SIGNATURE \_\_\_\_\_

**Cheques payable to NORTHWESTERN HOCKEY SPORTS CAMP**  
**CHEQUE, MONEY ORDER OR VISA ONLY FOR ONTARIO CAMPS No Mastercard please**

# MEDICAL AND GENERAL INFORMATION FORM

PARENT(S) NAME: \_\_\_\_\_

PLAYER'S MEDICAL INSURANCE NUMBER: \_\_\_\_\_

DOES YOUR CHILD SHOW FOOD OR DRUG ALLERGIES? \_\_\_\_\_

IF YES, WHAT?: \_\_\_\_\_

HISTORY OF SERIOUS ILLNESS, INJURY OR SURGERY? \_\_\_\_\_

PLEASE LIST ANY HELPFUL SUGGESTIONS AS TO HIS/HER HEALTH OR TREATMENT YOU WISH TO HAVE ON FILE: \_\_\_\_\_

OTHER REMARKS: \_\_\_\_\_

## RELEASE WAIVER, ASSUMPTION OF RISK AND IDEMNIFICATION

I/We hereby acknowledge and agree that in consideration of my/our child being permitted to participate in and attendance at Northwestern Hockey Sports Camp Programs or activities and having read the program brochure :

1. Do hereby release the Company, its officers, directors, employees, independent contractors or agents all recourses, claims, causes of action of any kind whatsoever, in respect of all personal injuries including death or property losses which may be suffered as arising out of or connected with the preparation in and attendance at the Northwestern Hockey Sports Camp programs and activities, not withstanding that such injuries or losses may have been caused solely or partly by the negligence of the Company or any of its officers, directors, employees, independent contractors or agents.

2. And hereby agree to indemnify and hold harmless Northwestern Hockey Sports Camp, its officers, directors, employees, independent contractors or agents from any or all claims, demands, causes of action of any kind whatsoever including those involving negligence that may be made or initiated by or on behalf of my child arising out of or connected with my child's participation in and attendance at any of the Northwestern Hockey Sports Camp programs or activities.

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

I have read the complete brochure and application and agree to the terms as described therein. I certify that all the questions on the application have been answered correctly. I understand that no refunds will be made for any reason other than the refunds policy provided. This is also my consent, for my child to receive emergency medical assistance by a trained professional in case of accident. I hereby agree/give my consent for myself/child.

Name of Player \_\_\_\_\_ Relationship \_\_\_\_\_

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

**FOR OFFICE USE ONLY:** REC'D \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

|   |                   |
|---|-------------------|
| TUITION AMT 1:                            |                   |
| TUITION AMT 2:                            |                   |
| TUITION AMT 3:                            |                   |
| RESIDENCE:                                | RESIDENCE WEEK #: |
| GST AMOUNT:                               | HST AMOUNT:       |
| TOTAL FEES:                               |                   |
| DEPOSIT 1:                                | DEPOSIT 2:        |
| POST-DATES:                               |                   |
| BALANCE DUE:                              |                   |
| PAID BY: ( ) CHQ ( ) C.C. ( ) MO ( ) CASH |                   |

## SEND COMPLETED REGISTRATION AND DEPOSIT / PAYMENT TO:

### Northwestern Hockey Sports Camp

Phone: (204) 256-9552 OR Fax: (204) 257-4699  
Box 231, St. Vital P.O., Winnipeg, MB R2M 4A5  
bbbummer@nhsc.mb.ca • www.nhsc.mb.ca

OR

Phone: (204) 926-5866 OR Fax: (204) 926-5885  
3969 Portage Avenue, Winnipeg, MB R3K 1W4  
nhsc@truenorth.mb.ca • www.mtsiceplex.ca