

# WINNIPEG REGISTRATION FORM



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

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	COMPETITIVE PHASE	HIGH PERFORMANCE PHASE*	
<i>Right Start Skating</i>	<i>Competitive Camp</i>	* REP, AA, AAA, HS PLAYERS ONLY	
( ) 2009 & older Aug 6 -10 <b>\$95 + GST</b>	( ) 2003-2001 YO B Aug 6 -10 <b>\$525 + GST</b>	<b>Junior A Prep</b> ( ) Aug 11-16 <b>\$230 + GST</b>	<b>All Girls Camp</b> Aug 20-24 ( ) 1997-1995 YO B <b>\$525 + GST</b>
<b>Right Start Skills Camp</b> ( ) 2007-2004 YO B Aug 6 -10 <b>\$425 + GST</b>	<b>Competitive Camp</b> ( ) 2000-1997 YO B Aug 6 -10 <b>\$525 + GST</b>	( ) Aug 11-23 <b>\$440 + GST</b>	<b>AAA Camp</b> ( ) Aug 25-30 <b>\$230 + GST</b>
<b>All Girls Camp</b> ( ) 2004-2003 YO B Aug 20 - 24 <b>\$425 + GST</b>	<b>All Girls Camp</b> ( ) 2002-2000 YO B ( ) 1999-1997 YO B Aug 20-24 <b>\$525 + GST</b>	<b>High Performance Camp</b> Aug 13-17 ( ) 2000-1999 YO B ( ) 1998-1997 YO B ( ) 1996-1995 YO B <b>\$525 + GST</b>	<b>Focus Fitness Option</b> ( ) JRA Aug 11-16 <b>\$60.00 + GST</b> ( ) JRA Aug 11-23 <b>\$120.00 + GST</b> ( ) AAA Aug 25-30 <b>\$60.00 + GST</b>

## FALL PRESEASON DEVELOPMENT CAMPS

<b>Under 8 Camp</b> ( ) 2007-2005 YO B Sept 12-20 <b>\$175 + GST</b>	<b>Under 11 Camp</b> ( ) 2004-2002 YO B Sept 12-20 <b>\$230 + GST</b>	<b>17 &amp; Under Camp</b> ( ) 1997-1995 YO B Sept 4-11 <b>\$230 + GST</b>
	<b>14 &amp; Under Camp</b> ( ) 2001-1998 YO B Sept 4-11 <b>\$230 + GST</b>	

## PROGRAM PAYMENT SCHEDULE

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

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

Cost of Focus Fitness Option..... \$ \_\_\_\_\_

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

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

ADD 5% GST..... \$ \_\_\_\_\_

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

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

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

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

VISA/MC #: \_\_\_\_\_ Expiry \_\_\_\_\_

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

**Cheques payable to TN ICEPLEX LP**  
**PAYMENTS MADE BY CHEQUE, MONEY ORDER, VISA, MASTERCARD**

# 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, notwithstanding 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