



200 HOCKEY DEVELOPMENT

Registration Form



200 HOCKEY DEVELOPMENT

Camp attending:		
Name		
Address		City
Province	Postal Code	Email Address
Age	Birth Date	M/F
Alberta Health Care #		
Medical Conditions		
Position Played		Level/Tier

Method of Payment (check one)

Cheque/Money order- payable to: **200 Hockey Development**

As a condition of registration the PARTICIPANT and PARENT /GUARDIAN agrees:

1. To be solely responsible for any personal property lost and any injury, loss, or damage sustained unless such injury, loss, or damage was caused by the sole negligence of the 200 Hockey Development.

Initials (participant) _____ (parent /guardian) _____

2. That the participant and parent/guardian understand, appreciates, and accepts the inherent physical risks of the sport camp activities.

Initials (participant) _____ (parent /guardian) _____

3. That the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this camp.

Initials (participant) _____ (parent /guardian) _____

4 That the participant will wear full protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards.

Initials (participant) _____ (parent /guardian) _____

5. Should the participant be injured during the camp I/we give permission for 200 Hockey Development staff to provide emergency medical treatment.

Initials (participant) _____ (parent /guardian) _____

200 Hockey Development reserves the right to assign the participant to a group most appropriate for their age and ability; to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner; and to cancel any camp with a 100% refund.

I Understand That This Is A Legal Agreement. It is binding upon myself as well as upon my heirs, next of kin, executors, administrators, assigns, and representatives, in the event of my death or incapacity. I Have Read and Understand All The Terms Of This Agreement, and by signing this agreement voluntarily I am agreeing to abide to these terms.

Signed this _____ day of _____ 20____, at/in: _____

Signature of Camp Participant (18+) _____

Signature of Parent/Guardian (18+) _____

Printed Name of Parent/Guardian _____

Please mail back with payment:

200 Hockey Development - Sales Office,
2036 125St. SW
Edmonton, AB
T6W 0A4
Phone: (780) 964-9587