

Woolwich Hockey Academy

86 Kingfisher Dr., Elmira, ON - N3B 3M4 Email tonycodewha@gmail.com

Summer Hockey Camp 2017

Player Name: _____

Address: _____

City: _____ Postal Code: _____

Birth Date: _____ Gender: Male / Female (circle)

Parent Name(s): _____

Telephone: Home: _____ Work: _____

Email Address: _____

Level: _____ Position: _____
AAA/AA/A/AE/Local League

Medical Information (i.e. allergies, asthma, etc.) _____

Signature: _____

Date: _____ Print Name: _____



WHA reserves the right to place players based on skill level

All costs include HST

Session 1: August 14-18, 2017

	<i>check age group</i>		<i>circle player or goalie</i>
Tyke/Novice (born in 2009 or 2010)	<input type="checkbox"/>	Player \$350	Goalie \$275
Atom (born in 2007 or 2008)	<input type="checkbox"/>	Player \$350	Goalie \$275
Pee Wee (born in 2005 or 2006)	<input type="checkbox"/>	Player \$350	Goalie \$275
Bantam/Midget Golf & Hockey Camp	<input type="checkbox"/>	\$375 (non-members of Elmira golf course) \$290 (members of Elmira golf course) \$200 (hockey only)	

Session 2: August 21-25, 2017

	<i>check age group</i>		<i>circle player or goalie</i>
Tyke/Novice (born in 2009 or 2010)	<input type="checkbox"/>	Player \$350	Goalie \$275
Atom (born in 2007 or 2008) FULL	<input checked="" type="checkbox"/>	Player \$350	Goalie \$275
Pee Wee (born in 2005 or 2006) FULL	<input checked="" type="checkbox"/>	Player \$350	Goalie \$275
Bantam/Midget Boys Evening Camp	<input type="checkbox"/>	Player \$225	Goalie \$190

Write two cheques, payable to 'Tony Code':

- date a \$30.00 deposit cheque for the current date
- post-date a cheque for the remaining balance for no later than July 15th, less discounts (if available).

**** your spot is reserved only when both cheques are received**

*** There will be a \$25 administration fee charged for NSF cheques and/or cancellations**

Send the completed form & cheques to:

Woolwich Hockey Academy
86 Kingfisher Dr. , Elmira ON.
N3B 3M4

Discounts:

- Take \$20.00 off if enrolled in both sessions in the same age group
i.e. \$700 for 2 weeks - \$20 = \$680
- Take \$10.00 off per session for 2nd and 3rd sibling
i.e. first child is \$350, second child is \$340
- Take \$10.00 off if registered before April 15th, 2017

In consideration of the acceptance of the applicant in Woolwich Hockey Academy, the Applicant and and/or Parent(s)/Guardian(s) on behalf of the Applicant, for herself/himself, his/hers heirs, executors, administrators, and personal representatives hereby waive any claims to which the Applicant may become entitled for accident, injury, loss of damage and do release Woolwich Hockey Academy Inc., its owners, officers, directors, agents, and employees from any claims for accident, injury, loss, or damages suffered by the Applicant as result of the Applicants participation in Woolwich Hockey Academy notwithstanding any such accident, injury, loss or damages may have risen by reason of the negligence of any one or more of the aforementioned parties. The Applicant, or Parent(s), Guardian(s) on behalf of the Applicant, Hereby states that the Applicant is in proper physical condition to participate in Woolwich Hockey Academy and is aware that participation could in some circumstances, result in physical injury.

Consent: I give my child consent to participate in all on-ice and off-ice activities offered by Woolwich Hockey Academy hockey school and agree that the school (Owners and staff) connected herewith from all manner of action, injury, loss, damages, costs, however caused by participation in this program on or off and agrees to release Woolwich Hockey Academy and the staff from all claims or damages which as a result of or by reason of such accidents or loss. This release shall be binding on our spouses, executors, and heirs. I understand that all participants must wear full CHA approved hockey equipment during all on ice activities.

Parent/Guardian Signature: _____

Date: _____