

Woolwich Hockey Academy

www.woolwichhockeyacademy.com

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

Try-Out Tune Up Camp 2020 - 4 Days the week of April 6-10, 2020



All Ice Time are at Woolwich Rec Centre

Name: _____

Address: _____

City: _____ Postal Code: _____

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

Parent Name(s): _____

Telephone: Home: _____ Work: _____

Email Address: _____

Current 2019-20 Team and Level: _____ Position: _____
AAA/AA/A/AE/Local League

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

Signature: _____

Date: _____ Print Name: _____

Please Circle the Session(s) for the Applicant below.

Group 1 - Age Group 2008 to 2009 -- 5:30pm - 6:50pm	Cost \$200 HST included
Group 2 - Age Group 2006 to 2007 -- 7pm - 8:20pm	Cost \$200 HST included
Group 3 - Age Group 2004 to 2005 -- 8:30pm - 9:50pm	Cost \$200 HST included

Groups may change at instructors discretion to allow for the most development and enrollment.

Please complete the registration form & send it along with payment to WHA, 86 Kingfisher Dr., Elmira, On, - N3B3M4

Please make cheque(s) payable to Woolwich Hockey Academy
(\$25 admin. fee charged for cancellations).

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., it's 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 by 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: _____