



Hockey Camp Registration Form

| Player Information: (Please Fill out completely) | | | |
|---|---|--|--|
| Last Name: | First Name: | Middle Initial: | |
| Address: | | | |
| City: | Province | Postal Code: | |
| Birthdate: (MM/DD/YYYY) | | Position: | |
| Home Phone: | Cell: | | |
| Email: | Alternate Email: | | |
| Current/Previous Team of Play: | | | |
| Height: | Weight: | Shot: Left Right | |
| Care Card #: | | | |
| Emergency Parent/Guardian/Contact Information: (Please Specify Two) | | | |
| 1. First Name: | | Last Name: | |
| Relationship to Player: | | Phone: | |
| 2. First Name: | | Last Name: | |
| Relationship to Player: | | Phone: | |
| Additional Information: | | | |
| Medical Concerns: | | | |
| Allergies: | | | |
| List Medications: | | | |
| Hockey Camp: | <input type="checkbox"/> Shoot 2 Score \$495 | <input type="checkbox"/> Pepin Power skating & Skills \$575 | <input type="checkbox"/> Summer Skills School \$425 |
| | <input type="checkbox"/> All Female - \$425 | <input type="checkbox"/> Rep Prep Week 1 - \$175 | <input type="checkbox"/> Rep Prep Week 2 \$175 |
| Payment Info: | | | |
| Credit Card #: | | Expiry: | Cheque: # |
| Name on Card: | | Authorize: Total Fee + tax \$ | |