



## 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:			
Medial Concerns:			
Allergies:			
List Medications:			
Hockey Camp:	<input type="checkbox"/> Shoot 2 Score \$450	<input type="checkbox"/> Pepin Power skating & Skills \$475	<input type="checkbox"/> Summer Skills School \$450
		<input type="checkbox"/> Rep Prep Week 1 - \$150	<input type="checkbox"/> Rep Prep Week 2 - \$150
Payment Info:			
Credit Card #:		Expiry:	Cheque: #
Name on Card:		Authorize: Total Fee + tax \$	