



**HOCKEY STARS FOR HOPE**

**Camps & Clinics**

Registration Application Form

**Child Info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Division: \_\_\_\_\_

Level: \_\_\_\_\_ House: \_\_\_\_\_ Rep: \_\_\_\_\_

Position: \_\_\_\_\_ Gender: \_\_\_\_\_

Special Medical and Nutritional Needs:

**Parent/Guardian Info**

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Day Camp Info**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Bus Service Required? Yes (\$10 per child) \_\_\_\_ No \_\_\_\_

\* To see if bus service is available from your location please visit [www.HockeyStarsForHope.com](http://www.HockeyStarsForHope.com)

How did you hear about HSFH "Camps and Clinics"?

Release and Indemnity:

I \_\_\_\_\_ (name of parent or guardian) give permission for my child to attend Hockey Stars for Hope's Camps and Clinics at his/her own risk and peril. I hereby release and discharge HSFH, it's Directors, employees, associates and any other persons connected herewith from all forms of accidents, injury, loss or damage however caused, and hereby agree to indemnify and hold harmless HSFH. I also authorize to have my child admitted and attended to for medical or dental treatment in case of sickness or injury. HSFH is not responsible for lost or stolen articles.

\_\_\_\_\_  
Signature of Parent/Guardian

**Please enclose full payment by cheque or certified money order.**

- \* NSF cheques will be subject to a \$20 service charge
- \* Confirmation of payment receipt will be sent to you via e-mail

Payment payable to:

Total amount enclosed:

Hockey Stars For Hope  
167 Charles St., Suite B  
Arnrior, ON K7S 3V5

\$ \_\_\_\_\_

For complete information on HSFH Camps & Clinics please visit  
[www.HockeyStarsForHope.com](http://www.HockeyStarsForHope.com)

