

Registration Form

COMPLETE THE FORM AND MAIL TO ADDRESS BELOW:

Player Name: _____ Age _____ Birth Yr _____

Address: _____ City _____ P/C _____

e-mail _____ Emergency Day Phone Contact _____

Allergy/Medical conditions _____

Position (please circle) G D F Indicate last winter's Team _____ Level _____

Shoot L R

Programs (circle programs of choice)

Note*

- 1) Goaltenders deduct \$110 from Day Academy, \$70 from other programs
- 2) Skaters registered in two programs deduct \$ 70 from total.

Program	Prog #	Date	Ages	Fee	+ HST	TOTAL
Hockey Day Academy	1	July 10-14	6-8	\$439	\$57	\$496
Hockey Day Academy	2	July 10-14	9-12	\$439	\$57	\$496
Rep High Tempo Skills	3	July 10-14	11-13	\$329	\$42	\$371
Rep High Tempo Skills	4	July 10-14	13-16	\$329	\$42	\$371
Power Skating/Playmaking	5	July 10-14	9-13	\$329	\$42	\$371
Advanced Power Skating/Playmaking	6	July 10-14	13-17	\$329	\$42	\$371
Prospects Development	7	July 10-14	13-16	\$329	\$42	\$371
Prospects Development	8	July 10-14	16-20	\$329	\$42	\$371
TAX						
TOTAL						

PARTICIPANT / PARENT / GUARDIAN INFORMED

CONSENT - I the undersigned, certify that I am the parent or legal guardian of the child named below and that the child is in good normal health, is properly equipped and has no abnormal handicaps. I hereby authorize the Brianne Jenner Hockey Academy and / or Halton Mens Hockey Inc. and / or staff of the Town of Oakville and / or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by my child. I hereby indemnify and save harmless the Brianne Jenner Hockey Academy and / or Halton Men's Hockey Inc. and / or the Town of Oakville and / or anyone acting on their behalf and / or any one of their

directors, officers, employees or volunteers from any and all actions, claims and demand for damages, loss or injury however arising which hereafter may have been sustained by

(please print player's name)

while participating in any activity or facility operated by the Brianne Jenner Hockey Academy and / or Halton Men's Hockey Inc. and / or the Town of Oakville. I further understand that there is no insurance coverage for the child and that it is my responsibility to arrange coverage if required. The sport of Hockey can involve serious physical injury including but not limited to collisions with stationary objects, sticks, pucks and sharp skates. My signature below indicates that I am a parent or legal guardian having the legal right to assume the conditions above and to give my informed consent to participate on behalf of the child named above. This program operates on the property of the Town of Oakville. To this end all participants / parents / guardians will respect the facilities and grounds and will respect the rules and the staff of facilities. My signature below indicates that I have thoroughly read, understood and agreed to all of the above:

_____ **Parent's signature** **dated this ___ day of _____, 20__**

Print and mail cheque with total amount for all programs payable to Brianne Jenner Hockey Academy, 5264 Erin Third Line, RR2, Acton, Ont. L7J 2L8