



## St. Catharines Spring Sessions

### TO REGISTER, either;

- a. **Mail this form** to Brianne Jenner, 128 North Carson St., Toronto, Ont. M8W 4C8, with cheque payable to Brianne Jenner Enterprises.
- b. **Scan this form** to [info@jennerhockey.com](mailto:info@jennerhockey.com) and send an e-transfer to [briannejenner@gmail.com](mailto:briannejenner@gmail.com).

|  |             |                   |
|--|-------------|-------------------|
| Player Name _____  | Age _____   | Birth year _____  |
| Address _____  | City _____  | PC _____          |
| Email _____  | Phone _____ | Emerg Phone _____ |
| Allergies/medical conditions _____                           |             |                   |
| Position (please circle) G   D   F            Shoots   L   R |             |                   |
| Last Year's team and level _____                             |             |                   |

Please circle choice of program(s) below

**PROGRAMS TAKE PLACE AT SEYMOUR-HANNAH REC COMPLEX ON  
MONDAY JUNE 1    AND    WEDNESDAY JUNE 3**

| Program                | Times     | Ages  | Fee  | with HST | Goalies | with HST |
|------------------------|-----------|-------|------|----------|---------|----------|
| Female Skills Clinic   | 5:30-6:30 | 6-8   | \$59 | \$67     | \$39    | \$44     |
| Female REP Development | 6:30-8:00 | 9-11  | \$88 | \$99     | \$43    | \$49     |
| Female REP Development | 8:00-9:30 | 12-14 | \$88 | \$99     | \$43    | \$49     |

**PARTICIPANT / PARENT / GUARDIAN INFORMED**

CONSENT - I the undersigned, certify that I am the parent or legal guardian of the player 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 Brianne Jenner Enterprises and / or staff of the City of St. Catharines 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 Brianne Jenner Enterprises and / or the City of St. Catharines 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 Brianne Jenner Enterprises and / or the City of St. Catharines. 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 City of St. Catharines. 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\_\_

