



## Virtual Training Sessions

Scan this form to [info@jennerhockey.com](mailto:info@jennerhockey.com) and send an e-transfer to [info@jennerhockey.com](mailto:info@jennerhockey.com)

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

Please circle choice of week(s) and program(s) below:

Program	Times	Ages	Fee	with HST
A In-Season Training Group: Skills and Athl. Development	Mon/Thurs 4:30-6:00pm	7-10	\$176	\$198
B In-Season Training Group: Conditioning Focus	Mon 6:30-8:00pm	11-15	\$109	\$123
C Hockey Intelligence: Tactics and Skills	Thurs 6:30-8:00pm	11-15	\$109	\$123
D Combo of B and C	Mon/Thurs 6:30-8:00pm	11-15	\$176	\$198

**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 Brienne Jenner Hockey Academy and / or Brienne Jenner Enterprises 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 Brienne Jenner Hockey Academy and / or Brienne Jenner Enterprises 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 Brienne Jenner Hockey Academy and / or Brienne Jenner Enterprises. 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. 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\_\_