



**BRIENNE JENNER HOCKEY ACADEMY**

To save the online registration fee, you can either;

- a. **Mail this form** to Brienne Jenner, 128 North Carson St., Toronto, Ont. M8W 4C8, with cheque payable to Brienne Jenner Enterprises.
- b. **Scan this form** to [info@jennerhockey.com](mailto:info@jennerhockey.com) and send an e-transfer to [briennejenner@gmail.com](mailto:briennejenner@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. \*Many players choose two programs. If so, skaters deduct \$100 from the total pricing.**

Program	Ages	Fee	with HST	Goaltenders	
Hockey Day Academy	6-9	\$489	\$552	\$345	\$389
Hockey Day Academy	10-13	\$489	\$552	\$345	\$389
Goal Scoring and Playmaking	10-13	\$379	\$428	\$189	\$213
Goal Scoring and Playmaking	14-16	\$379	\$428	\$189	\$213
Speed Development	9-13	\$379	\$428	\$189	\$213
Advanced Speed Development	13-15	\$379	\$428	\$189	\$213
Prospects Development	11-13	\$379	\$428	\$189	\$213
Prospects Development	14-16	\$379	\$428	\$189	\$213
Fundamentals for Beginners	4-6	\$199	\$225		
_____					
<b>SUB-TOTAL</b>					
LESS: second program \$100 discount if applicable					
<b>TOTAL</b>					

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