

NOTE: All payments before July 1st will be subject to GST (5%) and all payments after July 1 will be subject to new HST (13%).



Registration Form

(Please Print and complete a separate form for each child)

additional forms can be downloaded from the website at www.cphc.on.ca

1. Family Information

Family Name: Home Phone Number

Home Address: City: Postal Code:

E-mail Address Prefer to receive confirmation by Regular Mail E-Mail
(optional)

Parent/Guardian #1: Work # Cell #.....

Parent/Guardian #2: Work # Cell #.....

Secondary Contact in Case of Emergency : Emergency Contact Phone::

2. Student Information

Name: Male Female Date of Birth:

Skill Level: House League Select A AA AAA
 Camp(s) Classes Skater Goalie Goalie Equipment Needed? Yes No

Lunch: Will bring own lunch
 Paying for Snackbar Lunch Program

*** Please note lunch program NOT available at St. Michael's Arena**

Allergies/Medical Conditions

3. Camp/ Class Selection

Course Code	Location	Date	Lunch	Cost
1
2
3
4

Registration Form



For Office Use Only

4. Payment Information

Payment Method: Cheque(s) Cash VISA Mastercard

Credit Card Number: Exp. Date:

Name on Card: Signature:

Total Course Cost: \$ (if Sibling Dis. Applies - 10% off price of camp before GST/HST)

Lunch(es) Cost: \$ (\$40.00 + GST/HST 5 day camp) (\$32.00 + GST/HST 4 day camp)

GST (add 5%) \$ (5% before July 1, 2010 after July 1, 2010 add 13% HST)

Grand Total: \$

5. Authorization

REGISTRATION IS NOT VALID WITHOUT A COMPLETED & SIGNED WAIVER. The applicant agrees that the Canadian Pro Hockey Clinic and/or its proprietors will not be held responsible for any accident or loss however caused, and it agrees to release the proprietors from all claims or damage which may arise as a result of such accidents or loss. In the event of the inability to contact me, I hereby give you permission to seek out any necessary medical assistance my child may require while attending the program. By signing below, the parents and students agree to abide by the rules, procedures and financial policies of the school as outlined in the brochure.

Parent/Guardian's Name:

Parent/Guardian's Signature: Date:.....

Media Consent: I give consent to the use by CPHC of my child/children's likeness for publicity purposes (CPHC Media) Yes No

6 CANCELLATION POLICY

I have read and agree to the cancellation policy outlined below.

All cancellations must be made in writing (i.e. fax, letter or e-mail) to the CPHC office.

For CAMP cancellations: NO REFUNDS OR CREDITS for cancellations made less than 3 weeks prior to the scheduled start of a camp, unless accompanied by a doctor's note. If the cancellation is made more than 3 weeks prior to the start of the camp, a full refund will be provided less a \$50.00 administration fee. ALL cancellations, including those for medical reasons, are subject to a \$50.00 administration fee per student.

For CLASS cancellations: All class cancellations are subject to a \$25.00 administration fee. The remainder of fees will be credited or refunded based on the cancellation date and will be pro-rated for the remainder of the session. All NSF cheques are subject to a \$25.00 administration fee.

Mail payment and completed form to: Canadian Pro Hockey Clinic, 170 Cortleigh Blvd, Toronto, Ontario M5N 1P5

or fax completed form to: 416.322.3383