



Registration Form

Please Print and complete a *separate* form for each child
(additional forms can be downloaded from web site)

1. Family Information

Family Name: Home Phone Number:

Home Address: City:

Postal Code: E-mail Address (optional) :

Parent/Guardian #1: Work # Cell #

Parent/Guardian #2: Work # Cell #

Secondary Contact in Case of Emergency: Phone:

2. Student Information

Name: Male Female Date of Birth:

Skill Level: House League Select A
 AA AAA

Position Chosen for Camp(s)/Classes: Skater
 Goalie

Lunch: Will bring own lunch
 Paying for snackbar lunch program

Goalie Equipment Needed? Yes No

Allergies/Medical Conditions

3. Camp/ Class Selection

Course Code	Camp/Class Name	Dates/ Day of Week	Location	Cost
1
2
3
4



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4. Payment Information

Payment Method: Cheque(s) Cash VISA MasterCard

Credit Card Number: Exp. Date:

Name on Card: Signature:

Total Course Cost: \$ *For Office Use Only*

Lunch(es) Cost: \$

GST (add 5%) \$

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

Yes No I give consent to the use by CPHC of my child/children's likeness for publicity purposes (CPHC web site, brochure,etc.)

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