



# 4 ON 4 REGISTRATION FORM

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

*\*additional forms can be downloaded from the website*



*For Office Use Only*

## 1. FAMILY INFORMATION

Family Name: ..... Home Phone Number: .....

Home Address: ..... City: ..... Postal Code: .....

\*E-mail Address(es).....

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

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

**\*All correspondence will be sent by e-mail**

## 2. PLAYER INFORMATION

Name: .....  Male  Female

Date of Birth: .....

Skill Level:  Select If Select, which Tier: (Circle) 1 2 3 4 5

A  AA  AAA

Current Team: \_\_\_\_\_

(i.e. NT - Novice Red Team)

Position:  GOALIE  Forward  Defense

## 3. PAYMENT INFORMATION: **REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT**

**Payment for 4 on 4 by Credit Card or Cheque: Please make cheque payable to: CPHC**

Payment Method:  Cheque(s)  MC  VISA

Cardholder Name:..... Exp. Date: .....

CARD Number:..... Signature: .....

GRAND TOTAL:.....

(PLEASE NOTE: SIBLING DISCOUNT DOES NOT APPLY TO 4 ON 4 PROGRAM)

## 4. AUTHORIZATION **REGISTRATION IS NOT VALID WITHOUT A COMPLETED & SIGNED WAIVER.**

The applicant agrees that the Canadian Pro Hockey Clinic and/or it's 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:.....