



FEMALE HOCKEY SCHOOL Registration Form

Name: _____

Parent's Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Emergency Telephone: _____

Confirmation of camp acceptance will be emailed when received; camp schedule will be emailed 2 weeks prior to camp. If you would prefer hard copy correspondence, please indicate here. ____

Email: _____ Birth Date: _____

Current Team: _____ Position: _____

Playing Experience (yrs.): _____ Division: _____

Jersey Size (please circle one): YL AS AM AL AXL

T-shirt Size (please circle one): YM YL AS AM AL AXL

Do you have any health problems that we should be aware of?

Do you have any special requests, including if you would like to be in a group with another player?

Payment by Cheque:

Mail cheque to:
3844 Moore Road
Port Alberni, BC V9Y 8S3

Please make cheques payable to PASS Female Hockey School

Payment by Visa/Mastercard:

Please bill my: Visa () Mastercard ()

Name of Cardholder: _____

Card Number: _____ Expiry Date: _____

Signature: _____

Girl's Day Camp	Port Alberni: August 8-12, 2011	<input type="checkbox"/>
Cost: \$325.00 + HST (\$364.00) if registered and paid before May 30, 2011 \$375.00 + HST (\$420.00) if registered after May 30, 2011		

Women's Weekend Camp	Port Alberni: August 13-14, 2011	<input type="checkbox"/>
Cost: \$150.00 + HST (\$168.00) if registered and paid before May 30, 2011 \$175.00 + HST (\$196.00) if registered after May 30, 2011		

LIABILITY WAIVER:

The participant or her legal guardian agree PASS Female Hockey School, the facility, nor anyone associated with the PASS Female Hockey School will not be liable for any accident or loss, however caused, and agrees to release, the proprietors and/or facilities from any and all damages which may occur as a result of participation in this program. We state that the applicant is in good health and can participate in the physical activity of a vigorous program. In an event of injury or illness while at camp, I hereby consent and authorize the administration of all treatments and tests that may be considered advisable, or necessary, in the judgment of emergency room physician, or any other clinical physicians. I also agree that the school will not be held responsible for any acts of God (flood, power failure, etc.) which may result in termination of the school.

Please Note:

No refunds will be issued 30 days prior to the start of the camp unless due to injury or illness. A doctor's note may be required. No refunds will be issued after the start of the camp. A \$25.00 administration fee will apply to all cancellations.

We reserve the right to place students in the most appropriate group for their skill level. We also retain the right to terminate the stay of any player, when it is deemed to be in the best interest of either the school or the player.

Applicant/Guardian Signature: _____ Date: _____

Send to:	PASS Female Hockey School 3844 Moore Road Port Alberni, BC CANADA V9Y 8S3	Phone: 250-724-1589 Fax: 250-724-1587 Email: info@passhockey.ca Website: www.passhockey.ca
----------	--	---