



# HOCKEY SCHOOL 2017

Name			
Home address			
City			
Postal code			
Medicare #			
Special Needs / Allergies			
Date of birth	Year	Month	Day
Home phone#			
Mother's name			
Cell #			
Father's name			
Cell #			
Family Email			
Emergency Phone # 1 Name & Relationship			
Emergency Phone # 2 Name & Relationship			
T-Shirt Size			

*Charlotte County Hockey Club will not be held liable for any injury or loss of property of a participant for the duration of the camp. Upon registration of a student, the parent and/or guardian releases Charlotte County Hockey Club, its staff and directors from responsibility and claims resulting from any loss or damage. Participants may be held responsible for destruction or loss of any property.*

Name of participant (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

**For Office Only**

Deposit \_\_\_\_\_ 2<sup>nd</sup> Payment \_\_\_\_\_ Final Payment \_\_\_\_\_