



# 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](http://www.cphc.on.ca)

## 1. Family Information

Family Name: ..... Home Phone #: .....

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 Position:  Skater  Goalie Goalie Equipment Needed?  Yes  No  
 AA  AAA  Goalie

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 HST)*

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

HST (add 13%) \$ .....

Grand Total: \$ .....

## 5. 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: .....

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