

Registration Form – Summer Hockey

PLAYER INFORMATION			
Child's name:		Birth date (MM/DD/YYYY):	Health Card #
Gender (Please Circle): Female Male		/ /	
PARENT 1—Primary Contact		PARENT 2—Secondary Contact	
Name:		Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Email:		Email:	
Home #:		Home #:	
Cell #:		Cell #:	

MOST RECENT HOCKEY LEVEL PLAYED			
Please check your child's last competitive level played: <input type="checkbox"/> Atom AA <input type="checkbox"/> PeeWee AA <input type="checkbox"/> Bantam AA			
Player Birth Year: _____ <input type="checkbox"/> Atom AAA <input type="checkbox"/> PeeWee AAA <input type="checkbox"/> Bantam AAA			

AVAILABLE SESSIONS -			
<input type="checkbox"/> WEEK 1 Power Skating Puck Control Puck Protection DATES: July 9-12th LOCATION: Dartmouth Multi-pad 259 Commodore Drive <input type="checkbox"/> ADD EDVENTURES CAMP	<input type="checkbox"/> WEEK 2 Passing Defensive Awareness Competition and Battle DATES: July 16-19th LOCATION: Dartmouth Multi-pad 259 Commodore Drive <input type="checkbox"/> ADD EDVENTURES CAMP	<input type="checkbox"/> WEEK 3 Creativity Offensive Awareness Goal Scoring DATES: August 7-10th LOCATION: Dartmouth Multi-pad 259 Commodore Drive <input type="checkbox"/> ADD EDVENTURES CAMP	<input type="checkbox"/> WEEK 4 Hockey IQ Game Situations Small Area Games DATES: August 13-16th LOCATION: Dartmouth Multi-pad 259 Commodore Drive <input type="checkbox"/> ADD EDVENTURES CAMP

Disclaimer (Please initial each section and sign at the bottom)
 _____ In consideration of the participant and his/her parent being permitted to register the participants to participate in our programs, I, the undersigned parent/guardian hereby release and discharge Hockeytown and Newbridge Academy from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injuries suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify Hockeytown, Newbridge Academy and its servants, agents and employees and hold them harmless from and in respect of any and all claims, demands, actions and proceedings brought by or on behalf of said child against Hockeytown or Newbridge Academy arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation including all costs and expenses incurred defending any and all claims, demands, and actions.
 _____ I hereby give my child permission to be photographed during program activities by Newbridge Academy staff and hereby understand that such photographs become the property of Newbridge Academy and may be used for the purpose of any promotional purposes deemed necessary and/or relevant to our children's program.
 _____ I hereby understand and agree to Newbridge Academy's Refund Policy that any person looking to withdraw from any program offered by Newbridge Academy will receive a full refund if withdrawing before 30 days prior to the start date or with medical documentation. Any withdraw within 30 days of the start date without medical documentation will result in a credit and can be used toward other programs offered by Newbridge Academy.

Signature: _____ Date: _____

Please select your payment plan for 2 or more camps

*Single camps must be paid in full upon registration

_____ weeks of Hockey Camp total \$ _____

_____ weeks of Edventures Camp total \$ _____

Total Cost \$ _____

- Pay all fees now
- Pay deposit now (half the total) + remaining at start of camp
- Pay 3 equal payments (1/3 of the total now, 1/3 June 1st, 1/3 July first)

**Post-dated cheques or credit card number required if you are not paying the full amount up-front.

Select your payment type:

DEBIT CASH CHEQUE(s) CREDIT EMT

VISA/MC #: _____ Exp: _____ / _____

Camp Pricing

-**\$300** for **one** camp
 -**\$500** for **two** camps
 -**\$750** for **three** camps
 -**\$1000** for all **four** camps

***Add \$100 a week to pair with Edventures Day camp for pick up as late at 5:30pm**
 * Register for all four camps and receive Edventures addition for only \$200

Please complete this form and return to:
Newbridge Academy Administration Office at
361 John Savage Ave, Dartmouth NS, B3B 0J3
 OR

sam@newbridgeacademy.ca