

Registration Form—Mighty 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:
Contact #:	Contact #:
Emergency Contact #:	Emergency Contact #:

ADDITIONAL INFORMATION

Does your child have any previous ice-skating or hockey experience? Yes No
 Please check your child's skill level: Beginner (Non-skater)
 Intermediate (some previous skating experience)

AVAILABLE SESSIONS -

Mighty Hockey for New Hockey Players Ages 4-11 -TUESDAYS- @ Dartmouth 4-pad

- FALL 2018 SESSION Cost: \$200 for 8 sessions Begins October 9, 2018**
 - WINTER 2019 SESSION Cost: \$200 for 8 sessions Begins January 15, 2019**
 - SPRING 2019 SESSION Cost: \$125 for 5 sessions Begins April 9, 2019**
- Join ALL 3 Sessions for \$500.00 and get a FREE Hockey Jersey**

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 by Newbridge Academy staff and hereby understand that such photographs become property of Newbridge Academy and may be used for the purpose of any promotional purposes deemed necessary and/or relevant to the 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 more than 30 days prior to the start date of all programs 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. Refunds will be subject to a \$25.00 administration fee.

Signature: _____ Date: _____

Select your payment options: *PRICES INCLUDE TAXES*

FALL WINTER SPRING JERSEY (\$20.00 or free with all 3 sessions)

TOTAL \$ _____

DEBIT CASH CHEQUE(s)

EMT sam@newbridgeacademy.ca

VISA/MC #: _____ Exp: ____/____/____

Please complete this form and return to:

Newbridge Academy Administration Office at
 361 John Savage Ave, Dartmouth NS B3B 0J3
 OR

sam@newbridgeacademy.ca