



# Female Hockey PD Day Camp

## FEMALE PLAYER INFORMATION

Child's name:		Birth date (MM/DD/YYYY):		Health Card #	
Gender: Female <input type="checkbox"/>		Grade:		/ /	
<b>PARENT 1—Primary Contact</b>			<b>PARENT 2—Secondary Contact</b>		
Name:			Name:		
Address:			Address:		
City:		Postal Code:	City:		Postal Code:
Email:			Email:		
Contact #:			Contact #:		
Emergency Contact #:			Emergency Contact #:		

## ADDITIONAL INFORMATION

Does your daughter have any previous ice-skating or hockey experience? Yes No  
 Current Level or Team: \_\_\_\_\_

## PLEASE SELECT FROM AVAILABLE SESSIONS FOR GIRLS GRADES 3-9

**Sessions offered by Fiona Smith-Bell Olympic medallist and 2x World Hockey Champion**

<input type="checkbox"/> <b>PD 1/2 DAY CAMP</b> <input type="checkbox"/> <b>OCTOBER 17, 2018</b>  <b>8:00AM-12:30PM</b> <b>COST \$60.00</b> <b>LOCATION:</b> Dartmouth Multi-pad 259 Commodore Drive	<input type="checkbox"/> <b>PD 1/2 DAY CAMP</b> <input type="checkbox"/> <b>OCTOBER 26, 2018</b>  <b>8:00AM-12:30PM</b> <b>COST \$60.00</b> <b>LOCATION:</b> Dartmouth Multi-pad 259 Commodore Drive	<input type="checkbox"/> <b>PD 1/2 DAY CAMP</b> <input type="checkbox"/> <b>NOVEMBER 21, 2018</b>  <b>8:00AM-12:30PM</b> <b>COST \$60.00</b> <b>LOCATION:</b> Dartmouth Multi-pad 259 Commodore Drive	<input type="checkbox"/> <b>PD 1/2 DAY CAMP</b> <input type="checkbox"/> <b>JANUARY 2, 2019</b>  <b>8:00AM-12:30PM</b> <b>COST \$60.00</b> <b>LOCATION:</b> Dartmouth Multi-pad 259 Commodore Drive
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### 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 option: \*\$60.00 per day JERSEY & TAXES INCLUDED\*

TOTAL DAYS \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

DEBIT CASH CHEQUE(s)

EMT [sam@newbridgeacademy.ca](mailto: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](mailto:sam@newbridgeacademy.ca)