

# Registration Form—Summer Hockey Camp

## 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 #:

## ADDITIONAL INFORMATION

Player Birth Year: \_\_\_\_\_ Please check your child's last competitive level played:

NOVICE  INT  ADV  ATOM  REC  A  AA  AAA  PEEWEE  REC  A  AA  AAA  BANTAM  REC  A  AA

## AVAILABLE SESSIONS -

<input type="checkbox"/> <b>WEEK 1</b> <b>Power Skating</b> <b>Puck Control</b> <b>Puck Protection</b> <b>DATES: July 8-12th</b> <b>LOCATION:</b> <b>Dartmouth RBC Centre</b> <b>259 Commodore Drive</b> <input type="checkbox"/> ADD FULL DAY CAMP	<input type="checkbox"/> <b>WEEK 2</b> <b>Passing</b> <b>Defensive Awareness</b> <b>Competition and Battle</b> <b>DATES: July 15-19th</b> <b>LOCATION:</b> <b>Dartmouth RBC Centre</b> <b>259 Commodore Drive</b> <input type="checkbox"/> ADD FULL DAY CAMP	<input type="checkbox"/> <b>WEEK 3</b> <b>Creativity</b> <b>Offensive Awareness Goal</b> <b>Scoring</b> <b>DATES: August 12-16th</b> <b>LOCATION:</b> <b>Dartmouth RBC Centre</b> <b>259 Commodore Drive</b> <input type="checkbox"/> ADD FULL DAY CAMP	<input type="checkbox"/> <b>WEEK 4</b> <b>Hockey IQ</b> <b>Game Situations</b> <b>Small Area Games</b> <b>DATES: August 19-23rd</b> <b>LOCATION:</b> <b>Dartmouth RBC Centre</b> <b>259 Commodore Drive</b> <input type="checkbox"/> ADD FULL DAY CAMP
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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 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 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: \_\_\_\_\_

### \*SINGLE CAMP MUST BE PAID IN FULL UPON REGISTRATION

\_\_\_\_\_ weeks of Hockey Camp total \$ \_\_\_\_\_

\_\_\_\_\_ days of Full Day Camp ADD ON or \$175 per week total \$ \_\_\_\_\_

Pay all fees now total \$ \_\_\_\_\_

Payment plan for 2 or more camps (\$25.00 admin fee applies)

Add \$25.00 payment plan administration fee = total cost \$ \_\_\_\_\_

Pay 2 equal payments \_\_\_\_\_ x2 (half the total now + 1/2 July 3rd)

Pay 3 equal payments \_\_\_\_\_ x3 (1/3 of the total now, 1/3 June 3rd, 1/3 July 3rd)

\*\*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 (sam@newbridgeacademy.ca)

VISA/MC #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

### Camp Pricing

- \$300 for one camp

- \$1000 for all four camps

**\*Add \$40 per day or \$175 per week to add full day camp with pick up as late at 5:30pm UNTIL MAY 3rd add 4 weeks full day camp for only \$500 (\$1500.00 total)**

Savings of over 20%

\*deposit of \$500 required upon registration  
 Sibling & Goalie Discounts Available

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

sam@newbridgeacademy.ca