

## STEP 1 - PRINT & FILL OUT THE REGISTRATION FROM

### CHRISTMAS CAMPS REGISTRATION

Player's Name \_\_\_\_\_

Player's Address \_\_\_\_\_

Town/City \_\_\_\_\_

Prov./State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work/Cell Phone (Mom) \_\_\_\_\_

Work/Cell Phone (Dad) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth date (D/M/Y) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Male ☐ Female ☐

Hockey Age: 6 - 8 ☐ 9 - 10 ☐ 11 - 14 ☐

Last year's team \_\_\_\_\_

Position ☐ Forward ☐ Defence ☐ Goalie

Name of Program \_\_\_\_\_

☐ Check box if this is being used as a Christmas gift

The participant and parents acknowledge and agree that Canadian Hockey Enterprises or any of the principals, officers, employees, agents, directors or instructors will not be held responsible for any accident, damage, injury, loss, however caused, negligent or otherwise, at any time and expressly release any and all of the aforementioned parties from all claims arising from any accident, damage, injury or loss or as a consequence thereof. The undersigned parent or guardian hereby certifies that the applicant has recently been examined by a doctor, is in good health and fully physically able to participate in all the vigorous activities of the school. In the event of injury or illness, the hockey school has my permission to obtain medical care of which I agree to be responsible. All photographs acquired at the hockey school become the property of Canadian Hockey Enterprises and may be used for promotional brochures and website viewing.

Parent's or Guardian's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**For Office Use Only** • Date Received \_\_\_\_\_ Deposit \_\_\_\_\_ Full \_\_\_\_\_

## STEP 2 - CHOOSE METHOD OF PAYMENT

Please let us know how you would like to pay for the camp:

☐ Mailing a cheque Full payment ☐

☐ Credit Card Full payment ☐

**Credit Card information:**

Member of  #2777847



CDN Card



U.S. Card

Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_ CSC: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

*U.S. Credit Card holders: please note that although we charge you in U.S. funds, we are a Canadian based company. Please let your credit card company know ahead of time to avoid security delays.*

## STEP 3 - SEND THIS PAGE TO US

### MAIL

Send cheque with this form to:

Canadian Hockey Enterprises  
727 Lansdowne St. W,  
Suite G3.  
Peterborough, Ontario  
K9J 1Z2

### EMAIL

Scan/Email this form to:

goals@chehockey.com

### FAX

Fax this form to:

(705) 749-3207

## QUESTIONS? CALL 1-800-461-2161

### SPECIAL NOTES:

Please indicate any special information here  
such as allergies, group requests etc.

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**Bring a Friend!**  
Feel free to photocopy the  
Registration Form so a friend  
or sibling can go to hockey  
camp too!