

Terms and Conditions of Registration

1. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I /We voluntarily and knowingly recognize, accept and assume the risk and release of Georgian Bay Hockey Academy(GBHA), the training camp directors, the principal agents for the camp and/or all instructors and/or the arena from any and all claim. I /We shall not hold anyone responsible for any accident or injury to participant (s) or observer(s), damage or loss of personal property, however caused, whether on/off the premises.
2. In signing this application the parent or guardian certifies that the applicant/participant is in good health physically and mentally and is amenable to necessary discipline.
3. In the event of emergency I hereby give my permission to administer any medical procedure necessary as deemed by camp instructors, staff, arena staff, medical professional or any individual with interest for the well being of my child. I further certify the emergency contact information provided is accurate and complete.
4. Full CSA certified equipment including mouthguards must be worn by all players. Any injury sustained from improper equipment is the sole responsibility of the parent / guardian.
5. Fees are non refundable as of June 15/10..
6. The camp reserves the right to change the dates, times and / or schedule of events or guest or instructors due to unforeseen circumstances.
7. The participants or your name or image may be used by the GBHA in future advertising or promotion.

I acknowledge that I have read and understood the terms and conditions of this application and agree to abide by the terms and conditions.

Participants Name

Parent or Guardian Signature

Date

Player Information Sheet

Name _____

Home Phone _____ Email _____

Age _____ D.O.B. _____ OHIP # _____

Medical Info eg medications, injuries, medical concerns, etc....

Emergency Contact Information

Fathers Name _____

First Contact # _____

2nd Contact # _____

Other # _____

Mothers Name _____

First Contact # _____

2nd Contact # _____

Other # _____

Emerg Contact Person _____

First Contact # _____

Relationship to participant _____

2nd Contact # _____

Other # _____