



## August 13-17th, 2018 REGISTRATION

(Circle which camps you're attending)

Kids Camp: \$275 Kids camp: 2 or more \$250/player (print off a registration per participant)

Goalie Camp: \$150 Conditioning Camp: \$150 (2003 birth years and older)

Participant Name: \_\_\_\_\_ Birth date (DD/MM/YR): \_\_\_\_\_

Parent or Guardian names: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Email address: \_\_\_\_\_

Level played last season: \_\_\_\_\_

Medical Number: \_\_\_\_\_

City: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical/Nutritional Precautions: \_\_\_\_\_

PAYMENT: CREDIT CARD E-TRANSFER CASH/CHEQUE

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Sec code: \_\_\_\_\_

Name: \_\_\_\_\_

### WAIVER:

*As the parent/legal guardian of the named minor child, I hereby give permission for my child to participate in all aspects of Merritt Hockey School. It is agreed that the directors, staff, and instructors acting on behalf of Merritt Hockey School, and of the facilities utilized by the said hockey school, will be held harmless and shall not be held responsible for any injury, loss or damages from whatever cause while participating in or traveling to and from any school function or while on facility premises.*

*I acknowledge that my dependent child is in such a state of physical and mental health that allows him to safely participate in any team activity. It is also stated that my dependent child is adequately covered by medical, dental and other insurance to meet the needs of any situation and that I understand that I will be responsible for all costs incurred by any medical, dental or other treatment that may become necessary. I also understand that appropriate CHA approved protective equipment (to the level that is required by the current CHA team on which the player registered during this 2015/2016 season) must be worn on the ice.*

*Goalie camp and conditioning camp programs operating are subject to applicants attending.  
Charges will be made to credit card and e transfer starting 3 weeks prior to camp.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Complete Registration and payment can be mailed to: Joe Martin, Box 1844, Merritt, B.C., V1K 1B8  
OR dropped off at the Nicola Valley Memorial Arena, 2075 Mamette Avenue

\*\*Cheques can be made payable to Merritt Hockey School

\*\*\*Credit Card Payments are subject to 4% fee