



Advanced Training Program for Hockey
July 19 – July 23, 2010 – Owen Sound Coliseum
Phone: (519) 372-0061

Last Name:

First name

Address:

City:

Postal Code:

Date of Birth:

Home Phone:

Cell Phone:

Work Phone:

Email:

Emergency Contact:

Name:

Phone #:

Relationship:

Are there any ALLERGIES or MEDICAL PROBLEMS we should be aware of:

Age Group:	7 – 9 years	10 – 13 years	14 – 16 years
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Jersey Size: (Please circle one)

Youth Medium, Youth Large, Youth XL, Adult Small, Adult Medium, Adult Large, Goalie

Payment Information: **\$325**

Total amount of payment:		
Type of payment:	Cash	Cheque (Cheques made payable to: ATP Hockey School)

Terms & Policies:

1. The instructors shall not be held responsible for any accident or injury to the participant, damage or loss of personal property, however caused whether on or off the premises, and shall be released from any and all claims.
2. In signing this application, this certifies that the participant is in good health physically and mentally and is amendable to necessary discipline.
3. Any medical problems are to be identified and accompany this application form. All information is confidential.
4. In the even of an emergency, permission is given to administer any medical procedure to save the child's life.
5. Full equipment is to be worn on the ice at all times.
6. A service charge of \$25.00 will apply to returned or NSF cheques
7. Applications must be accompanied by a 50% deposit, and a post dated cheque for the remaining balance dated July 19, 2010. For cancellations before July 1, 2010 there will be a \$50.00 fee for each session cancelled. No refunds will be made after July 12, 2010.
8. Cheques made payable to: ATP Hockey School

Parent or Guardian: (Please print & sign)
Date:

Please print, fill out and mail to:

**ATP Hockey School
1803 5th Ave. East
Owen Sound, ON N4K 2S5**