

2024 PLAYPRO HOCKEY SUMMER CAMP REGISTRATION



Please indicate which divison your child will be entering NEXT season

() JULY $12^{th} - 14^{th}$	U8U12 ORU16 - U18 Group GOALIES	\$250 +HST \$225 +HST
() JULY $15^{th} - 19^{th}$	U8U10U12U14 GOALIES	\$455 +HST \$425 +HST

Sibling Rate – 12TH-14TH – 2 siblings @ \$455.00 + HST ----- Sibling Rate – 15th – 19th – 2 Siblings \$855.00 + HST

PLAYER INFORMATION

Name:	Age: D.O.B:		
Address:			
Position:	Forward	Defence	Goaltender
Medical /Allergie	s:		
Jersey Numbers:	Top 3 Choices 1 st	2 nd 3 rd	
Jersey Size	Youth Small YM _	YL YXL	
	Adult Small AM _	AL AXL	
EMERGENCY CONT	ACT Parent/Guardian Info	ormation (If under the age of 18)	
Name:		Cell #:	
Email:			
the hockey programs/camps and expenses, claims, demands, and we will strive to offer the safest	l the under signed person hereby agrees suits whatsoever on account or in respe environment possible, we ask for your u	s, damage or accident, either to person or to property s to release, indemnify and save harmless the above n ect of any such injury, loss, damage or accident. Hoc understanding of risk and injury during hockey traini. aff and its affiliates may use this media for training,	nentioned, against any and all loss, costs, key is a game of contact and risk and while ng programs. By signing you also give per-

I have read and agree to the above waiver:

Signature:_____

Date:_____

Contact: Ben (709) 638-2793	Email: coach@playprohockey.ca			
Facebook @PlayPro Hockey to message				
www.playprohockey.ca				