



PlayPro Hockey

2021 REGISTRATION FORM

PRE SEASON SKILLS CLINICS

August 30th – September 1st

August 30th ____ - September 1st ____

Attending Both Clinics ____

Position: () FORWARD () DEFENCE () GOALIE

U11 ____ - U13 ____ - U15 ____ - U18 ____

Player Name: _____ D.O.B: _____

Parent/Guardian Information (If under the age of 18)

Name: _____ Cell: _____

Email: _____ Payment Method – Cash – EMT - Cheque

Play Pro Hockey Training does not accept responsibility for injury, loss, damage or accident, either to person or to property incurred by anyone during the operation of the hockey programs/camps and the under signed person hereby agrees to release, indemnify and save harmless the above mentioned, against any and all loss, costs, expenses, claims, demands, and suits whatsoever on account or in respect of any such injury, loss, damage or accident. Hockey is a game of contact and risk and while we will strive to offer the safest environment possible, we ask for your understanding of risk and injury during hockey training programs. By signing you also give permission to be photographed and videotaped and understand PlayPro Staff and its affiliates may use this media for training, promotional and/or teaching purposes.

I have read and agree to the above waiver:

Signature: _____ Date: _____

www.playprohockey.ca

Contact: Ben 638-2793 or Craig 638 0955

Email: coach@playprohockey.ca Facebook @ PlayPro Hockey to message