



REGISTRATION FORM

Player Name: _____

Birth date: _____
DAY MONTH YEAR

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent's/Legal Guardian Names: _____

Telephone (Home): _____

Telephone (Other): _____

Email Address: _____

Position for camp (Forward, Defence, Goalie): _____

Team Played for During the 2010 /2011 season: _____

Medical Concerns or Needs: _____

PROGRAMS REQUESTED

METHOD OF PAYMENT

Payment enclosed Cash Cheque
Credit Card VISA Mastercard

Credit Card Number: _____

Expiration date: _____ Signature: _____

Signature of Parent (if athlete is under 18 years of age):

RELEASE AND WAIVER OF LIABILITY

The undersigned acknowledges that International Paragon Hockey Programs is operated by International Paragon Hockey Programs Inc. (the "Corporation") and agrees that, in consideration of the named player (on reverse side) being allowed to participate in the said programs, the Corporation, its officers, directors, servants, agents and/or any other parties contracting with it, shall not be held responsible for, and are hereby released from and held harmless in respect of, any death, injury, loss or damage to the undersigned, the said player, or any other persons or property, resulting from participation in, or presence at or use of equipment and premises in relation to, any activity operated or sponsored by the Corporation; and the undersigned hereby gives consent for medical and/or dental treatment and admission to any facilities for those purposes in the event of accident or injury to any such person.

International Paragon Hockey Programs Inc. reserves the right to request any participant to withdraw from the program prior to its termination if, in the opinion of the Coordinator or the Instructors, the participant is not acting in a responsible manner or displaying appropriate conduct.

Signature of Parent or Legal Guardian: _____

Date: _____

Emergency Contact Person: _____

Emergency Telephone Number (s): _____

REGISTRATION IS NOT CONSIDERED COMPLETE UNTIL WAIVER IS SIGNED AND SUBMITTED.

REGISTRATION INFORMATION

Detach this form and return with payment. A confirmation slip will be sent to you.

Register early. Applications will be processed on a first come, first served basis. Although every effort will be made to accommodate your request, we encourage you to list alternative choices.

Enclose cheque or money order payable to Paragon Hockey Programs Inc.

Post-dated cheques will not be accepted.

Only one application form per applicant.

Mastercard and VISA accepted.

CANCELLATION POLICY

All cancellation requests must be received in writing and are subject to the following conditions:

An administrative fee of \$30 will be retained for each cancellation received more than 5 working days prior to start of each camp.

Cancellations received 5 or less working days prior to start of each camp will be charged a 75% cancellation fee.

Illness or injury: Prior to camp, any requests to cancel must be accompanied by a medical certificate and will be refunded in full less the \$30 administrative fee.

No refunds beyond start date of each camp!