



2016 Blades of Steel Hockey Camp Registration Form

Parent/Guardian Name (first & last) : _____

*Email: _____

Address: _____ Phone: _____

City/Prov: _____ Postal Code: _____

Participant Name (first & last) : _____

Skater Goalie

Date of Birth [mm/dd/yyyy]: _____ Gender: Male Female

Emergency Contact: _____ Phone: [_____]

Last Level Played (ie. atom b): _____

Medical Information / Allergies: _____

Elite Hockey Development Summer Camp Aug 24 - Aug 28 \$500.00

Agreement

The participant agrees that Blades of Steel and its owner and instructors or agents will not be held responsible for any accidents or loss, however caused and agrees to release the owner and instructors from any claims or damage which may arise as a result of the student's accidents or loss. In the event we are unable to contact you, you give permission to seek medical assistance to your child if necessary while your child is attending Blades of Steel Training. Liability insurance must be carried by the participant. The camp will not be held responsible for any acts of Nature (floods, lightning, power failure, tornadoes etc...) which may result in the termination of the camp or training. Blades of Steel owner and instructors cannot be held responsible. I, the undersigned, have read the conditions above and agree to participate having read them.

Refund Policy

Refunds will be issued up to 2 weeks before the camp less the \$100 deposit. After the 2 weeks, but before the camp, refunds less the \$100 deposit will be issued in the event of injury when accompanied by a doctor's note. In the event of injury or illness during the camp, the refund will be pro-rated based on the number of days attended and if the request is accompanied by a doctor's note. No refund will be provided if a player leaves of his or her own accord or is expelled from the camp. It is the responsibility of the parent/guardian to ensure that all equipment is safe and appropriate.

Media Consent

I consent to the use and disclosure, by Blades of Steel, of the personal image of my child for promotional and/or informational purposes which may include brochures, audio-visual productions, print and electronic documents or productions. Your child's personal image and information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta.

Parent/Guardian Signature: _____

Date: _____

Contact: Blades of Steel (587) 343-5503

Mailing Address: 10110 87 Street, Grande Prairie, T8X 0M5

Email: john@bladesofsteelhockey.com

**PLEASE FILL OUT THIS FORM AND MAKE ALL CHEQUES WRITTEN TO "BLADES OF STEEL"
PLEASE MAIL YOUR PAYMENT AND FORMS TO: 10110 87 STREET, GRANDE PRAIRIE, AB, T8X 0M5**