



O-Zone Hockey Clinic 4 ON 4 REGISTRATION FORM. Please note that registration is not finished until completion of the following form. (Please Print and complete a separate form for each child) **\*additional forms can be downloaded from the website:**

## **1. FAMILY INFORMATION**

Family Name: ..... Home Phone Number: .....  
..... Home Address: .....  
..... City: ..... Postal  
Code: ..... \*E-mail  
Address(es) .....  
..... Parent/Guardian #1: ..... Work #  
..... Cell # .....  
Secondary Contact in Case of Emergency : .....  
Emergency Contact Phone:: .....

## **2. PAYMENT INFORMATION: REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT**

Payment for the 4 on 4 program can be made with one of the following: direct e-transfer to [OZonehockeyclinic@gmail.com](mailto:OZonehockeyclinic@gmail.com) or Cheque: Please make cheque payable to: O-Zone Hockey Clinic. Mailing address is at the bottom of this section.

Price per student is \$295 plus hst + \$333.35. Please note that there is a no cancellation policy past the due date (April 5th, 2019). Cancellations (including medical reasons) that take place prior to the above stated period will be subject to a \$50 cancellation fee.

You can mail cheques to this address:

O-Zone Hockey Clinic  
237 Park Avenue  
Newmarket, ON  
L3Y 1V3

### **3. PLAYER INFORMATION**

Name: .....

Male Female: .....

Date of Birth: .....

Skill Level:

Select If Select, which Tier: (Circle) 1 2 3 4 5

A

AA

AAA

Current Team: \_\_\_\_\_ (i.e. NT - Novice Red Team)

\*All correspondence will be sent by e-mail

### **4. AUTHORIZATION REGISTRATION IS NOT VALID WITHOUT A COMPLETED & SIGNED WAIVER.**

The applicant agrees that the O-Zone Hockey Clinic and/or it's proprietors will not be held responsible for any accident or loss however caused, and it agrees to release the proprietors from all claims or damage which may arise as a result of such accidents or loss. In the event of the inability to contact me, I hereby give you permission to seek out any necessary medical assistance my child may require while attending the program. By signing below, the parents and students agree to abide by the rules, procedures and financial policies as outlined in the registration information.

Parent/Guardian's Name:

Parent/Guardian's Signature: ..... Date:.....