

Whistler Peak Performance Hockey

Mailing address: 5659 Ellen St., Chilliwack, BC, Canada V2R-5N5 Ph: 604-824-4052 Fax 604-824-9498

Players Name:	Date of Birth (Month/ Day / Year) M F Sex
Parent's/Guardian's Name	Parent's/Guardian's Name
()	()
Home Phone	Cell Phone
Address	Address
City, Prov./State. Postal Code	City, Prov./State. Postal Code
Email:	Email:

Hockey School
 \$479.94 per session / \$384.99 per session on two week
 JR Prep
 \$1066.67 with Room & Board / \$528.15 Without
 (TAXES INCLUDED IN ALL PRICES)

Please make cheque payable to:
 Whistler Peak Performance Hockey

Player Info

If you have a friend registered in camp, please let us know – we may be able to pair you up! _____

Position: _____

Last Level Played: _____

Session1 July 17-22 2011	Session 2 July 24-29 2011
Please check	Please check
Birth Year 01, 02, 03 () Penguins	Birth Year 01, 02, 03 () Penguins 2
Birth Year 99, 00 () Coyotes	Birth Year 99, 00 () Coyotes 2
Birth Year 95, 96, 97, 98 () Panthers	Birth Year 95, 96, 97, 98 () Panthers 2
	Birth Year 93, 94, 95, 96 () Junior Prep.

Waiver and Cancellation Policy:

In consideration of the Participant being permitted to participate in the Whistler Peak Performance Hockey camp, we do hereby forever release and discharge Whistler Peak Performance Hockey, its Directors, Agents, Employees, and any person or corporation connected herewith from all manner of action, injury, damages, costs, claims, or demands which are the result of such participation in the program. It is also further agreed that Whistler Peak Performance Hockey is not responsible for lost or stolen hockey equipment or personal articles. The release shall be binding on our heirs, assigns, executors, and administrators. Applications must be accompanied by a \$200.00 deposit. On cancellation before June 15, there will be a \$75.00 service charge for each session cancelled. No refunds after June 15th, other than in the event of accident or injury. Refund requests must be accompanied by a Doctor's statement verifying the nature of the injury.

Signature of Parent or Guardian: _____ Date: _____

All players are to be fully equipped as prescribed by CHA. Including neck protectors.