

# 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) <span style="float: right;">M F</span>
	<span style="float: right;">Sex</span>
Parent's/Guardian's Name	Parent's/Guardian's Name
( )	( )
Home Phone	Home Phone
( )	( )
Cell Phone	Cell Phone
Address	Address
City, Prov./State. Postal Code	City, Prov./State. Postal Code
Email:	Email:

Tuition: \$449.95 Canadian / \$389.95 American per session or \$395.00 per week for two sessions. (GST is included)

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: \_\_\_\_\_

Session 1 July 19-24 2009	Session 2 July 26-July 31 2009
Please check <input checked="" type="checkbox"/>	Please check <input checked="" type="checkbox"/>
Birth Year 99, 00, 01 ( ) Penguins 1	Birth Year 99, 00, 01 ( ) Penguins 2
Birth Year 97, 98 ( ) Coyotes 1	Birth Year 97, 98 ( ) Coyotes 2
Birth Year 94, 95, 96 ( ) Panthers 1	Birth Year 94, 95, 96 ( ) Panthers 2
	Birth Year 91, 92, 93, 94 ( ) 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 15<sup>th</sup>, 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.