



**HOMETOWN HOCKEY TRAINING AND DEVELOPMENT  
REGISTRATION FORM 2010**



**CONTACT INFORMATION**

Player's Name: ..... Parent's Name: .....  
 Date of Birth: M...../D...../Y..... Mailing Address: .....  
 Male  Female .....  
 Position:  Forward  Defence  Goaltender .....  
 Number of Years Playing: ..... Home Phone: .....  
 Current / Recent Team: ..... Cell Phone: .....  
 Level:  HL  Select  MD  A  AA  AAA Work Phone: .....  
 Shoots:  Left  Right Email Address: .....

**MEDICAL INFORMATION**

Family Doctor: ..... Health Card #: .....  
 Emergency Contact Name: ..... Emergency Home Phone: .....  
 Relationship: ..... Emergency Cell Phone: .....  
 Medical Conditions: .....

PROGRAM NAME	DATE OFFERED	PROGRAM COST
<input type="checkbox"/> 2010 Summer Camp Meal Plan	All Hockey School Dates	Check Online
<input type="checkbox"/> Hockey School	August 30 – September 3, 2010	P/ \$405 – G/ \$513
<input type="checkbox"/> Hockey School	August 23 - 27, 2010	P/ \$405 – G/ \$513
<input type="checkbox"/> Fall and Winter Player Development Program	October to December - Sundays	\$240.00
<input type="checkbox"/> Fall Shooting and Stick Handling	October to December - Mondays	\$240.00
<input type="checkbox"/> Body Checking Clinic 1	August 20, 21, 22	\$172.80
<input type="checkbox"/> Body Checking Clinic 2	August 20, 21, 22	\$172.80
<input type="checkbox"/> Individual Session	Contact us for more details – dates and prices	
<input type="checkbox"/> Team Session	Contact us for more details – dates and prices	

*Please note that a \$75.00 dollar non-refundable deposit made out to HHTD will hold your child's spot for the camp you have chosen. The remaining payment will be due 3 weeks before the camp you have chosen. The only refunds granted will be due to realistic extenuating circumstances (i.e. bereavement) or a medical note.*

Send application and payment to:	HHTD	Enclosed Amount: \$.....
	5-420 Erb Street West, Suite # 332	<b>Please make check payable to ' HHTD '</b>
	Waterloo, Ont. N2L 6K6	

**Consent:** I give my child consent to participate in all on-ice and off-ice activities offered by Hometown Hockey Training and Development Inc's hockey school and agree that the school (Owners and staff) connected herewith from all manner of action, injury, loss, damages, costs, however caused by participation in this program on or off and agrees to release Hometown Hockey Training and Development Inc. and the staff from all claims or damages which as a result of or by reason by such accidents or loss. This release shall be binding on our spouses, executors, and heirs. I understand that all participants must wear full CHA approved hockey equipment during all on ice activities.

**Parent/Guardian Signature:** ..... **Date:** .....