



**SHERWOOD PARK MINOR HOCKEY ASSOCIATION
SUMMER DEVELOPMENT & PREP CAMPS**

REGISTRATION FORM 2018

Please complete a separate form for each participant. Registrations are conducted on a first reply and first received basis and space is limited. Register in the category you will be participating in for the 2018-19 season. If you have any questions regarding the camp, or if you'd like to save and submit this form please contact Tim Lancaster/Player Development Director: hi-player@spmha.ab.ca

Please complete, print out and remit this form with payment (cheque or money order) to:

SHERWOOD PARK MINOR HOCKEY ASSOCIATION

Box 3058 Stn. Main

Sherwood Park, AB T8H 2T1

Payments may also be made in person (cash, cheque or money order) at the SPMHA office:

590 Broadmoor Boulevard (A.J. Ottewell Community Centre)

Please call to verify office hours (780) 467-8492

PARTICIPANT INFORMATION

First Name _____ Last Name _____

Address _____ Street _____ City _____ Prov _____ Postal Code _____

Home Phone _____ Cell Phone _____ Emergency Contact Name / Relationship _____

e mail address _____ Emergency Contact Phone Number (ext.) _____

_____/_____/_____ _____ Male _____ Female Position: _____ Forward _____ Defence

Birthdate DD/MM/YYYY _____

Category: _____ 2010 NOVICE _____ 2008 ATOM _____ 2006 PEE WEE _____ 2004 BANTAM _____ 2001 MIDGET _____
 2011 _____ 2009 _____ 2007 _____ 2005 _____ 2002 & 2003 _____

PARENT / GUARDIAN INFORMATION:

First Name _____ Last Name _____

Address *if different than participant's* _____ Street _____ City _____ Prov _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone (ext.) _____

e mail Address _____ Alternate e mail Address _____

MEDICAL HISTORY: Please indicate any medical conditions, injuries or allergies which may affect the participant's ability to perform. It is the responsibility of the participant, the participant's parent(s) or guardian(s) to disclose any existing medical condition or past event which requires or required a Physician's clearance to participate safely.

ALBERTA HEALTHCARE NUMBER: _____

CAMP INFORMATION

Please arrive ½ hour before your on-ice session and be prepared for Pre-Ice Instruction 10 minutes prior to your ice time

Please indicate which camp you are registering for

___ Novice 5 sessions \$125.00

___ Bantam Checking Camp 5 sessions \$140.00

___ Atom 5 sessions \$125.00

___ Midget Scrimmages 4 sessions \$125.00

___ Pee Wee 5 sessions \$125.00

Camp times and schedules may change due to registration numbers. Please verify camp schedules on www.spmha.ab.ca for updated changes.

I am enclosing my registration form and cheque or money order in the amount of _____ CK/MO# _____

Please accept this registration form with acknowledgement I will pay for the Development Camp in person on or before August 7th, 2018 at the SPMHA Office, and failure to do so will result in being placed on a wait list.

WAIVER

In consideration of Sherwood Park Minor Hockey Association (SPMHA) accepting

_____ registration, I, _____

Player's Name

Parent/Guardian

hereby for myself, my heirs, executors, administrators and assigns forever release and discharge SPMHA, its instructors, administrators, executives, officers, officials, agents, sponsors, service providers, employees and volunteers from any claims, demands, acts, failure to act incident, accident, misconduct, occurrence or happening, actions, causes of actions, costs (including solicitor clients costs on full indemnity basis) proceedings arising from any losses, damage or injury however caused while affiliated, attending and participating in the Sherwood Park Minor Hockey Association Summer Development Camps.

- All property of whatever nature or kind brought to the arena/camps, shall be brought by sole risk of the participant. The camp makes no representation or warranty to the participant concerning liability or loss or damage to such property prior, during or after the camp.
- All participants **must** wear full protective regulated hockey equipment.
- All participants must bring appropriate clothing when applicable for outdoor or indoor off ice training.
- Participants will be aware of conduct expectations and act and behave accordingly. The SPMHA and any associates of the camp reserves the right to remove any participant from any activity in the camp or within activity timelines and physical presence of the camp, if the participant is unbecoming before, during or after the camp. The SPMHA has right to cancel any camp sessions if advised or otherwise, and if, the situation is not in the best interest of the participant or the camp.
- That to the best of my knowledge, the participant's physical condition will enable him/her to participate in the Sherwood Park Minor Hockey Association Summer Development Camps.
- That I have disclosed any medical history that may affect the participant's ability to participate.
- That all insurance including medical insurance is the responsibility of the participant and/or parent or guardian of the participant.
- I agree to be receive electronic notices regarding Summer Camps and information in compliance with Canadian Anti-Spam Laws on behalf of the SPMHA.
- I agree videos and or recording of any camp instruction, whether it be electronic, digital or manual without express written consent of the SPMHA or its representatives, instructors or agents is strictly prohibited.
- The SPMHA reserves the right to reassign the participant into a different group, time slot or facility as deemed necessary.

ASSUMPTION OF RISK

In consideration of the SPMHA Summer Development Camps, I hereby acknowledge my child and I are aware of the physical risks associated with dryland training and the sport of hockey, and hereby, consent, assume, and accept full responsibilities of these risks including but not limited to: muscular injuries, bruises, cuts, sprains, dislocations, injuries or breaks and or fractures to bones or joints, and head, as well as any facial or dental injuries which may result from participation whether self-inflicted or due to event with another participant or equipment, including falling, tripping, on and off the ice and any other risks associated with the activities of the sport of hockey and hockey camps.

REFUNDS

There will be no refund or credit assigned for full or prorated sessions. NSF Cheques are subject to a \$50.00 administration fee.

ACKNOWLEDGEMENT

I acknowledge I have read, understand and agree with the terms and conditions of this agreement, and I have voluntarily executed the same with signature creating a binding agreement upon me, my heirs, executors, administrators and representatives.

Signed the _____ day of _____, 2018.

Signature of Parent or Guardian

Signature of Participant