

GASTON SCHAEFFER HOCKEY & FIGURE SKATING CAMP REGISTRATION FORM

(Please Print)

PLAYER INFORMATION					
Last name:		First:		Middle:	
Athlete type? <input type="checkbox"/> Hockey <input type="checkbox"/> Figure Skater		Last level played or tested at:		Association or Club:	Birth date: / /
				Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:					Home phone no.: ()
P.O. box:		City:		Province:	Postal Code:
Provincial Health Care #:		Parent/Guardian Name:			Mobile Phone no.: ()

PACKAGE INFORMATION			
Please indicate your package preference:			
<input type="checkbox"/> Day camp only, \$475 + GST	<input type="checkbox"/> Day camp w/ two meals, \$580 + GST	<input type="checkbox"/> Day camp w/ accommodation and three meals, \$880 + GST	

ADDITIONAL INFORMATION
Please indicate any historical or current health concerns (including physical limitations or allergies):

Please indicate any specific goals the athlete has for the upcoming year/season:

IN CASE OF EMERGENCY			
Name:		Relationship to athlete:	Home phone no.: ()
			Mobile phone no.: ()

I agree to release and indemnify Gaston Schaeffer and all instructors associated with the Gaston Schaeffer Hockey and Figure Skating Camp from any claims for loss, injury to persons and property however caused while participating in the Gaston Schaeffer Hockey and Figure Skating Camp, which I or any person claiming through me or on my behalf, may at any time have, arising out of or connected with the operation of said activity. I acknowledge that photos taken during camp activities may be used in future marketing of the camp.

Parent/Guardian signature: _____

Date: _____

*Registrations and e-transfers may be submitted by email to gschaeffer@me.com or by mail to
Gaston Schaeffer, 405, 14 -900 Village Lane, Okotoks, AB T1S 1Z6*