



**Okotoks Oilers Hockey Development
SPRING HOCKEY PROGRAMS (April 3 to June 1, 2017)**

Player's Name: First _____ Last _____ Year Born: _____

CURRENT TEAM: _____ Position: _____

Address (including Postal Code): _____

Home Phone: _____

Parent's Name: _____ Email: _____ Parent's Cell: _____

Parent's Name: _____ Email: _____ Parent's Cell: _____

Emergency Contact: _____ Phone: _____

Alberta Health Care #: _____

Allergies or Medical Concerns: _____

Medications: _____

JERSEY SIZE (please circle): YOUTH or ADULT SMALL MEDIUM LARGE

SKILL DEVELOPMENT SPRING PROGRAM

\$720 per player – 18 sessions (April 3 – June 1, 2017)

**** ALL SESSIONS HELD AT SCOTT SEAMAN SPORTS ARENA ****

NOVICE / ATOM (2007 – 2010) Monday & Wednesday @ 5:45 – 6:45 pm _____

PEEWEE / BANTAM (2003 – 2006) Monday & Wednesday @ 7:00 – 8:00 pm _____

FEMALE ONLY (1999 – 2002) Monday & Wednesday @ 8:15 – 9:30 pm _____

PROUD PARTNER & SUPPORTER OF



TANBRIDGE
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PAYMENT DUE AT TIME OR REGISTRATION – we accept VISA or MasterCard or you can call to arrange payment of cash, cheque or Debit

Credit Card #: _____ - _____ - _____ - _____ EXPIRY: _____ / _____

If you would like to 3 equal payments of \$240 EACH - please check here _____

1st payment @ time of registration

2nd payment on March 1

3rd payment on April 1

Registration are to be submitted by scan/email to: HDcamps@okotoksoilers.com

Payment terms: Full payment and a completed Assumption of Risk and Waiver are required to confirm your spot/s.

Should you wish to submit your registration in a different format, or use a different form of payment, please contact Business Manager Dawn LeMaistre at HDcamps@okotoksoilers.com.

General question and inquires please email HDcamps@okotoksoilers.com.

Cancellation Policy:

No cancellations will be accepted 10 days prior to the start date of the camp.
All cancellations are subject to a \$100.00 administration fee.

Personal information obtained and retained for safekeeping by The Okotoks Oilers hereunder ("Personal Information") is solely for the following purposes: (1) administering Okotoks Oilers Hockey Development Camps and for properly attending to any necessary medical matter regarding your child and (2) providing you with information about The Okotoks Oilers and their programs should you indicate your interest below. The Personal Information will not be provided to any third party without your specific consent.

_____ **Yes, we wish to receive information about The Okotoks Oilers and their programs.**

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ASSUMPTION OF RISK AND WAIVER ACKNOWLEDGEMENT

I, _____, minor hockey parent/guardian acknowledge that _____ will be participating in the Okotoks Oilers Hockey Development Program. I acknowledge that there are inherent risks in playing hockey.

RELEASE AND WAIVER

I, for myself, my heirs, executors, personal representatives, administrators and assigns, hereby release The Okotoks Oilers Junior A Hockey Club, their Board of Directors, officers, employees, servants, agents, representatives and volunteers ("Oilers Releasees") from all claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to _____'s person or property incurred while attending and/or participating in the said Okotoks Oilers Hockey Development Program, save and except as the same may arise out of or be as a consequence of the gross negligence of any of the Oilers Releasees.

INDEMNIFICATION

For valuable consideration provided by The Okotoks Oilers in accepting the within application, the receipt and sufficiency of which are hereby acknowledged, I agree to indemnify and hold harmless, all of the Oilers Releasees from any claims or demands of any nature or kind whatsoever, which might be made against the said Oilers Releasees arising out of or in consequence of the attendance or participation by _____ in the Okotoks Oilers Hockey Development Program.

DATED AT OKOTOKS, ALBERTA, THIS ____ DAY OF _____, 201__.

Signature of Parent/Guardian

Signature of Witness

Print: _____

Print: _____

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