

**2024 MUSTANGS HOCKEY SCHOOL  
Registration Application**

Date of Hockey Camp: August 12-16, 2024 Price: \$500

**PLEASE PRINT**

CHILD'S INFO:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

GENDER: M F POSITION: F D G YEARS OF HOCKEY EXPERIENCE: \_\_\_\_\_

EMERGENCY CONTACT: (Name/Phone #) \_\_\_\_\_

HEALTH CARD # \_\_\_\_\_ HEALTH/DIETARY CONCERNS: Y N

If YES, Please explain: \_\_\_\_\_

Jersey # requested: \_\_\_\_\_ SIZE: Youth S M L XL Adult S M L XL XXL

**Please choose size carefully.** A fee of \$50 will be charged for a replacement jersey for incorrect sizing.

Jersey and meals are included in the camp price.

FULL PAYMENT must be received to secure a spot.

Email / Etransfer: [mustanghockeyschoolinfo@yahoo.com](mailto:mustanghockeyschoolinfo@yahoo.com)

Please send payment by e-transfer to the address above, OR contact Jeff 613-285-4026 to arrange other payment options.

**Cancellation Policy** - Cancellations prior to July 1<sup>st</sup> will be charged a \$25 administration fee.  
- Cancellations after July 1<sup>st</sup> will only receive a refund if the spot is filled.  
(other fees may apply depending on cancellation date, ie. jersey fee, etc)

**WAIVER:** I give my approval for my child's participation in all activities of the Mustangs Hockey School and assume all risks and hazards, incidental to such participation and do waive, release and absolve, indemnify and agree to hold harmless Mustangs Hockey School and its employees. I acknowledge that I have read and understand the conditions of this application and agree by the terms.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Chq # \_\_\_\_\_ Post Dated Chq \_\_\_\_\_ Name on Chq \_\_\_\_\_ Paid in Full