

# 2017 ELITE LUNCH HOUR PREP CAMPS

## AAA MIDGET, HIGH SCHOOL, JUNIOR A ONLY

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone (H). \_\_\_\_\_ Parent (W) \_\_\_\_\_ Cell: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Birthdate D \_\_\_ /M \_\_\_ /Y \_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

Position: \_\_\_\_\_

2016-2017 Skill Classification - YOUTH APPLICANTS: (Please check one)

AAA Midget     High School     Junior     Other \_\_\_\_\_

VISA or M.C. # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Authorized Credit Card Signature \_\_\_\_\_

Name of Parents/Guardian (Youth Hockey) \_\_\_\_\_

E-mail address for future program information \_\_\_\_\_

Health Concerns ie: allergies, asthma, injuries, etc.) \_\_\_\_\_

WEEK 1	EAST END ARENA		
	DATES	TIMES	COST
<input type="checkbox"/>	July 4, 6	3:30 - 4:30 pm	<b>\$40.00</b>
WEEK 2	EAST END ARENA		
<input type="checkbox"/>	July 11, 13	3:30 - 4:30 pm	<b>\$40.00</b>
WEEK 3	EAST END ARENA		
<input type="checkbox"/>	July 18, 20	3:30 - 4:30 pm	<b>\$40.00</b>
WEEK 4	EAST END ARENA		
<input type="checkbox"/>	July 25, 27	3:30 - 4:30 pm	<b>\$40.00</b>
WEEK 5	MTS ICEPLEX		
<input type="checkbox"/>	August 1, 3	12:00 - 1:00 pm	<b>\$40.00</b>
WEEK 6	EAST END ARENA		
<input type="checkbox"/>	August 8, 9, 11	12:00 - 1:00 pm	<b>\$60.00</b>
WEEK 7	RIVER HEIGHTS ARENA		
<input type="checkbox"/>	August 14, 16, 18	12:00 - 1:00 pm	<b>\$60.00</b>
WEEK 8	GATEWAY ARENA		
<input type="checkbox"/>	August 21, 23, 25	12:00 - 1:00 pm	<b>\$60.00</b>
WEEK 9	GATEWAY ARENA		
<input type="checkbox"/>	August 28, 30, Sept 1	12:00 - 1:00 pm	<b>\$60.00</b>

See [www.keanehockey.com](http://www.keanehockey.com) for more information on the above programs.

## CONSENT AND PAYMENTS

**Keane Hockey Camp Parental Consent and Waiver of Responsibility:** The applicant agrees that Keane Hockey and instructional staff will not be held responsible for any accidents or loss of personal property, and agrees to release Keane Hockey from all claims or damages which may arise as a result of such accidents or loss.

**Consent to Collection, Use and Disclosure of Personal Information:** I understand that, by completing this Form, Keane Hockey is collecting certain personal information about my child, me and/or other members of my Family (including if necessary, my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in Keane Hockey Programs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payments:** Registration form must accompany payment in full. Make all Money orders and cheques payable to “**Keane Hockey**” and can be mailed or faxed to:

**KEANE HOCKEY**  
3 Whitkirk Place  
Winnipeg, Manitoba, R3R 2A2

Visit our website: **[www.KeaneHockey.com](http://www.KeaneHockey.com)**  
e-mail at [keane5@mts.net](mailto:keane5@mts.net)  
Telephone: (204) 895-0188(h), Fax: (204) 895-0188

*“Keane Hockey — Experience you can count on”*