

2017 KEANE SPRING BREAK REGISTRATION FORM

Name: _____
 Address: _____ City/Town: _____
 Postal Code _____ Phone (H). _____ Parent (W) _____ Cell: _____
 Sex: M _____ F _____ Age: _____ Position: _____ Birthdate D _____ /M _____ /Y _____
 VISA/M.C. # _____ Expiry Date: _____
 Authorized Credit Card Signature _____
 Health Insurance # _____
 Name of Parents/Guardian _____
 2016-17 Winter Team _____
 Health Remarks/Special or Group Requests _____
 E-mail address for future program info _____

PLEASE CHECK DESIRED PROGRAM (GST INCLUDED in all prices)

1. KEANE POWERSKATING CAMP - 3 OR 2 DAYS - March 27 - 31, 2017 DUTTON ARENA

	SESSION	AGES	DATES	TIMES	COST
<input type="checkbox"/>	1	Co-ed 7-14	Monday – Wednesday	9:30 am – 10:30 am	\$90.00
<input type="checkbox"/>	2	Co-ed 7-14	Thursday – Friday	9:30 am – 10:30 am	\$60.00

2. KEANE SHOOTING & SCORING CAMP - 3 OR 2 DAYS - March 27 - 31, 2017 DUTTON

	SESSION	AGES	DATES	TIMES	COST
<input type="checkbox"/>	1	Co-ed 7-14	Monday – Wednesday	10:45 am – 11:45 am	\$90.00
<input type="checkbox"/>	2	Co-ed 7-14	Thursday – Friday	10:45 am – 11:45 am	\$60.00

3. KEANE GOALTENDING CAMP- 3 OR 2 DAYS - March 27 - 31, 2017 DUTTON ARENA

	SESSION	AGES	DATES	TIMES	COST
<input type="checkbox"/>	1	Co-ed 7-14	Monday – Wednesday	10:45 am – 11:45 am	\$90.00
<input type="checkbox"/>	2	Co-ed 7-14	Thursday – Friday	10:45 am – 11:45 am	\$60.00

**4. KEANE HOCKEY BATTLE & BODY CONTACT CONFIDENCE CAMP
 2 DAYS - March 30 & 31st DUTTON ARENA**

	SESSION	AGES	DATES	TIMES	COST
<input type="checkbox"/>	1	Co-ed 7-14	Thursday – Friday	12:00 pm – 1:00 pm	\$60.00

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**5. KEANE DEFENCEMAN DEVELOPMENT CAMP - 3 DAYS - March 27th - 29th
DUTTON ARENA**

SESSION	AGES	DATES	TIMES	
<input type="checkbox"/> 1	Co-ed 7-14	Monday – Wednesday	12:00 pm – 1:00 pm	90.00

PARENTAL CONSENT AND PAYMENTS

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: VISA, MASTERCARD, CASH, CHEQUES or MONEY ORDERS must accompany application forms with payment in full. Payments accepted in person, by mail or fax. Registration forms with payment in full will be accepted on a first come-first serve basis. Camp confirmations will be sent via e-mail only. Mail cheque, money order or credit card to:

KEANE HOCKEY
 3 Whitkirk Place
 Winnipeg, Manitoba R3R 2A2
 Cell: (204) 250-5565 Home Phone or Fax: (204) 895-0188
 E-mail keane5@mts.net Website: KeaneHockey.com

“Keane Hockey – Experience you can count on!”