

KEANE HOCKEY

FULL DAY SUMMER CAMPS

2018 REGISTRATION FORM

Name: _____

Address: _____ City/Town: _____

Postal Code _____ Phone (H). _____ Parent (W) _____ Cell: _____

Sex: M ___ F ___ Age: _____ Birthdate D ___ /M ___ /Y ___ HT: _____ WT: _____

Position: _____

2017-18 Skill Classification: (Please check one)

A1 A2 A3 AA AAA HighSchool Other _____

2017-18 Winter Team _____

VISA/M.C. # _____ Expiry Date: _____

Authorized Credit Card Signature _____

Health Insurance # _____

Name of Parents/Guardian _____

Health Remarks/Special or Group Requests _____

E-mail address for future program information _____

Special requests and/or health issues: (i.e. Allergies, car pools, pick ups, etc.)

PROGRAM CHOICES: (PLEASE CHECK DESIRED PROGRAM) GST INCLUDED

1. MTS ICEPLEX (4 DAY CAMP)

- | | | | |
|--------------------------|----------------------|------------------------------------|-----------------|
| <input type="checkbox"/> | JULY 30-AUG 2 | Hockey Development Camp | \$499.00 |
| <input type="checkbox"/> | JULY 30-AUG 2 | Goaltender Development Camp | \$499.00 |

2. RIVER HEIGHTS ARENA (5 DAY CAMP)

- AUGUST 13-17 Hockey Development Camp \$649.00**
- AUGUST 13-17 Goaltender Development Camp \$649.00**

3. GATEWAY ARENA (5 DAY CAMP)

- AUGUST 20-24 Hockey Development Camp \$649.00**
- AUGUST 20-24 Goaltender Development Camp \$649.00**

4. GATEWAY ARENA (5 DAY CAMP)

- AUG 27- AUG 31 Hockey Development Camp \$649.00**
- AUG 27- AUG 31 Goaltender Development Camp \$649.00**

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: 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
Cell: (204) 250-5565 Home Phone or Fax: (204) 895-0188
e-mail at keane5@mts.net

Visit our website: www.KeaneHockey.com