

Participants Name: \_\_\_\_\_ Sex: Female / Male

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell/Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth (Year / Month / Day): \_\_\_\_\_ Hockey Age Group: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

**Emergency Contact Information:**

*A legal guardian or emergency contact person must be available the weekend of the camp.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell/Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Medical Information we should be aware of:

\_\_\_\_\_

Please indicate what position you play (goalies are welcome to attend):

\_\_\_\_\_

**REGISTRATION INFORMATION - Deadline to register is October 2<sup>nd</sup>**

***\*No late registrations will be accepted\****

**COST:** \$75/skater

**AGE GROUPS:** Novice, Peewee, Atom, Bantam

**SPACE IS LIMITED TO 12 SKATERS PER AGE GROUP**

Please submit your completed form with cheque (payable to the Town of Outlook) to the recreation office or mail to 'Outlook & District Rec Board, Box 523, Outlook, SK S0L 2N0.'

I hereby give permission for \_\_\_\_\_ (participant) to participate in the Pre-Season Hockey Camp and waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue the Town of Outlook as represented by the Outlook and District Recreation Board and their officers, employees, mountain guides, instructors, leaders (volunteer or other), agents, or representatives (collectively the "Released Parties") for any personal injury, death and property damages, expenses, or loss sustained by the participant as a result of his or her participation in the Pre-Season Hockey Camp due to any cause whatsoever, including, without limitation, negligence, breach of statutory duty including duties arising from occupier's liability legislation.

\_\_\_\_\_  
Legal Guardian Name

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date