



Registration Form
August 4th, 2009 until August 7th, 2009



Player's Name _____, _____ DOB: _____ Male
Last name First name Day Month Year Female

Address _____
Street City Postal Code

Father _____ Mother _____
Contact Contact
 Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

e-mail _____ e-mail _____

Emergency Contact _____ Phone _____

Medical Concerns _____

Teams Played for 2007 -08 _____ 2008 -09 _____

How Many years have you played? Beginner 1 year 2 years 3 years 4 or more years

What level did you play this past season? AA A B Rep. B C

Precision Goaltending Waiver & Release of Liability

Participants and guardians hereby affirm that by enrolling in Precision Hockey, Summer Hockey Camp. Venue, participants are required to provide all protective equipment to be used by participant. Participants and guardians are responsible for the safety and good operating condition of said equipment. Participants and guardians understand and agree that Precision Hockey nor it's members, owners, operators, sponsors, agents, or coaches, may be held liable in any way for any occurrence in connection with the sessions which may result in injury, death or other damages to participant or their family, heirs, or assigns. Participants and participant's guardians have agreed to these release terms of their own free will. Participants and guardians assume responsibility for the participant's physical fitness and capability to perform under intense athletic conditions. In addition, parent / guardian spectators, having signed this waiver, release Precision Hockey from any liability related to injury to themselves, and any extended family, resulting from being struck by stray pucks, sticks, or players. Precision Hockey reserves the right to use any photos or videos taken during its events for advertising or promotional purposes.

_____/_____/_____
 Print Player Name Player Birth Date

 Print Parent or Guardian Name

_____/_____/_____
 Parent or Guardian Signature Today's Date

Waivers must be completed and signed prior to players being allowed to participate in any Precision Hockey on or off ice training. Please mail form and cheque for \$275.00 to: Robert Schrader 291 Gabert Road, Kemptville, Ontario, K0G 1J0. For further information please call 613-258-2833. (Cheques should be made out to Robert Schrader or RDS Consulting.