



Registration Form (use for all programs)

1594 Stillriver Cr. Suite 100
 Mississauga, ONT
 L5M 3X1
 Fax: 905 821-0364

PLAYERS NAME		BIRTHDATE	
		mm/dd/yy	
ADDRESS			APT
CITY	PROV/ST	POSTAL/ZIP	
TEL: HOME:	WORK	CELL	
EMAIL		HEALTH INSURANCE	
TEAM		LEVEL (e.g. A, AA, AAA, Travel)	

RESIDENCE PAYMENT (Summer only)			
Residence Fees (based on five nights stay, Sunday through Thursday)----- \$350. CAN \$300. US			
Each extra weekend night add ----- \$ 70. CAN \$ 60. US			
Enter camp #'s	[]	[]	[]
		X \$350 / \$300	= \$ []
Number of extra weekend nights	[]	X \$70 / \$60	= \$ []
RESIDENCE TOTAL:			= \$ []
Complete residence information will be included with your camp confirmation after full receipt of payment.			

Please fill in camp info below:			
Prog #	Program Name	Date	Cost
[]	[]	[]	[]
[]	[]	[]	[]
[]	[]	[]	[]
Add Residence Total:			[]
Payment Total:			[]

PAYMENT METHOD	
<input type="checkbox"/>	CHEQUE Amount enclosed: \$ _____
<input type="checkbox"/>	VISA/MC Card # : _____ Exp: /

World Class Hockey Policies:

1. Customer will be charged \$50.00 administration fee for returned cheques.
2. Cancellation Policy: Full refund before April 15th. 50% refund, 50% credit up to 28 days prior to camp. No refunds will be issued there-after. Credits may be issued due to injury only. Medical record must be sent within two weeks of injury in order to qualify for credit.
3. Customer will be charged \$50.00 for cancellation at any time.

The applicant agrees that WORLD CLASS HOCKEY and/or it's proprietors will not be held responsible for any accident or loss however caused, and agrees to release the proprietors from all claims or damage which may arise as a result of any such accident or loss. In event of an inability to be contacted, I hereby give WORLD CLASS HOCKEY permission to seek any medical attention required.

PARENT'S OR GUARDIAN NAME: _____ DATE: _____

SIGNATURE: _____