



## Registration Form (use for all programs)

**PLEASE COMPLETE AND MAIL FORM TO:**  
**1594 Stillriver Cr. Suite 100 Mississauga, ONT. L5M 3X1**

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

RESIDENCE PAYMENT (For Summer out of town students only)			
Residence Fees (based on five nights stay, Sunday through Thursday) ----- \$475. CAN			
Each extra weekend night add ----- \$ 95. CAN			
Enter camp #'s	<input type="text"/>	<input type="text"/>	<input type="text"/>
		X \$475	= <input type="text"/>
Number of extra weekend nights	<input type="text"/>	X \$95	= <input type="text"/>
RESIDENCE TOTAL: = \$			<input type="text"/>
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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Add Residence Total:</b>			<input type="text"/>
<b>Payment Total:</b>			<input type="text"/>

PAYMENT METHOD	
<input type="checkbox"/>	CHEQUE      Amount enclosed: \$ _____
<input type="checkbox"/>	VISA/MC/AMEX      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 15<sup>th</sup>. 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: \_\_\_\_\_