



Waasa Naabin Community Youth Services Centre

Wiikwemkoong Unceded Territory



Kelly Babstock Hockey Skills Camp Camp Location: Espanola Ontario Dates: August 19 & 20, 2019

REGISTRATION FORM:

Last Name _____ First Name _____

Parent's Name _____ Home Phone # _____

Address _____

Cell Phone: _____ Email: _____

City: _____ Prov/State _____ Postal/Zip _____

Emergency Phone # if different than above: () _____

Email Address: _____

Medical History _____

Age: _____ Date of Birth: _____ Years Played: _____ Position: _____

Team (currently playing for) _____

GROUP SESSIONS: (please select)

- Group 1: Girls - Pre-Novice to Atom @ 10:00 – 11:00 AM
- Group 2: Boys - Pre Novice to Atom @ 11:00 – 12:00 PM
- Group 3: Girls - Pee Wee to Midget @ 2:00 – 3:00 PM
- Group 4: Boys - Pee Wee to Midget @ 3:00 – 4:00 PM

Group 1 & 2: Open Swim Tuesday 3:00 – 4:00 PM

Group 3 & 4: Open Swim Tuesday 4:00 – 5:00 PM

Able to skate full length of Ice: Yes or No

PAYMENT:

Wiikwemkoong Band Member: **\$40.00** Cash: _____

Open Registration: **\$50.00** Cash: _____

Credit Card #: _____ Expiry Date _____ CVV# _____

Note: Credit Card Payments to *Natalie Shawana, Accounts Receivable Clerk* via Phone 1-705-859-3122 Ext: 307 or Email form to natalieshawana@wiikwemkoong.ca

*** FULL EQUIPMENT IS MANDATORY FOR ALL ON-ICE ACTIVITIES ***

TERMS AND CONDITIONS

AGREEMENT & WAIVER: I, being the parent or legal guardian of the child hereon registered, do authorize by my signature below to permit Kelly Babstock and the employees thereof to seek out and obtain any necessary medical attention in the case of accident or injury during the program. it is further agreed that the operator of this hockey clinic, and or employees and instructors are released from any and all claims from damage that may arise from any accident injury, damage or loss which is caused by or arises from participation of the applicant hereon during the program or in any location where a program is to be held. I authorize the use of any photographs taken at any Kelly Babstock Hockey Camp programs for advertising and instructional purposes. I have read and fully understand the terms and conditions of this waiver.

SIGNATURE: _____

DATE: _____

Please email complete registration forms to: lawrencee@wikyhealth.ca