



Registration Form (for all programs)

34 Dalecroft Circle

Markham, Ontario

L3R 6K2

Phone: 905-604-1174 Fax: 905-604-1175

Email: falcon.hockey@hotmail.com



Players Name:

Birthdate: mm/dd/yy

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Address:

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City:

Prov/State

Postal/Zip

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Tel: Home

Cell

Work

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Email:

Health Insurance

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Team

Level (eg. Select, A, AA, AAA Travel)

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Camp Information

Camp Name

Date

Cost

Residence Cost:

Total Cost:

Payment Information

- Visa Card # _____ Exp: _____
- Cheque Amount Enclosed: _____

Falcon Hockey Payment Policies:

1. Customers will be charged \$40 for administration fee for returned cheques.
2. To register: send 50% of camp fee, a cheque for the balance postdated June 1st, 2008 and a signed application.
3. No monies deposited are refundable in the event of cancellation.

Please read before signing: Acknowledging that hockey is a contact sport, I agree that Falcon Hockey Group, its agents, servants and employees shall not be liable to me (my child) for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the Falcon program, whether incurred on the ice otherwise in or about the building at any time preceding, during or subsequent to the delivery of the instructional program, and I hereby discharge Falcon Hockey Group, its agents, servants and employees from all actions, claims and demands I (my child) may have for any such injury and damage. I also acknowledge that Falcon Hockey Group, its agents, servants and employees are not liable for any injury and damage, howsoever caused, incurred in or about the residence of school buildings at any time during the time of the program and I hereby discharge Falcon Hockey Group, its agents, servants and employees from all actions, claims and demands I (my child) may have for any such injury and damage. I also understand that no portion of my registration fee will be refunded to me in the event, for whatever reason, I (my child) withdraws from the Falcon instructional program. I also acknowledge and agree that Falcon does not insure and will not be expected at any time, to insure the safety or the proper state of repair of my child's equipment used by my child during the instructional program and that Falcon does not and shall not be considered to guarantee or warrant the instructional materials used by it during the instructional program. I also understand that my agreement, releases and dischargers herein shall bind my heirs, legal representative and assigns and shall ensure to the benefit of Falcon Hockey Group, its agents, servants and employees and their successors and assigns. In the event that my son or daughter is injured during the Falcon program, I give my permission for their transport as needed to a medical practitioner or a medical facility.

Printed name of Parent/Guardian (self if over 18) _____

Signature:

Date: