

For more information please contact
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Sicamous Hockey School
Box 665,
Sicamous B.C.
VOE 2V0.

25th Annual Sicamous Hockey School Application Form

[Please Print]

Last Name: _____

First Name: _____

Address: _____

City: _____ Prov: _____

Phone: _____ Postal Code: _____

Date of Birth (ages as of Dec. 31, 2012): _____

DAY/MONTH/YEAR

Group Registering In: _____

Division playing in as of Sept 2012: _____

Position Played: _____

Jersey size: *(Please check mark)*

__Adult M, __Adult Lg, __Adult Sm, __Adult XS, __Adult XXS

Medical Plan Number: _____

Parent's Signature: _____

E-Mail address: _____

Deposit & Registration:

Payable by Visa or a cheques

Payable to **Sicamous Hockey School.**

Visa # _____ Expiry: _____

A deposit of \$100.00 per hockey school student. A booking is accepted only when accompanied by the correct deposit.

The balance due date by June 1st, 2012. You may, if you wish send a cheque dated June 1st anytime prior to that date. Please note our Cancellation Policy.

Cancellation Policy

There will be no refunds after June 15th. In the event of accident or injury which prevents a student from continuing the program and adjustment will be made on the recommendation of the Trainer in charge and the Camp Director. A refund is not issued for homesickness. There is a 10% administration charge on all refunds based on the total registration fee.

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In consideration of the acceptance as a student in the SICAMOUS HOCKEY SCHOOL program we, the undersigned parents/participant, release, remise, and discharge SICAMOUS HOCKEY SCHOOL from all claims, actions, causes of action, damages and demands by the undersigned parents for loss or injury resulting directly or indirectly from the participation of our child in this program.

The undersigned parents/participant covenant and agree to indemnify and save harmless Sicamous Hockey School from all claims, actions, causes of action, damages and demands which may be brought by or on behalf of our child against SICAMOUS HOCKEY SCHOOL arising out of his/her participation in the program, including all costs, damages, and expenses in defending any such claims or actions and against any loss arising therefrom.

We acknowledge that the student cannot be accepted into this program but for our executing this release and indemnity.

We have read the release and understand that it is a full final release of all claims for injuries and damages sustained in the Sicamous Hockey School program and have read over the agreement to indemnify, and understand the responsibilities we have assumed thereunder.

Signature of Parent/Guardian

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