



**2007 HOCKEY DEVELOPMENT CAMP
REGISTRATION FORM AND WAIVER**

GST#: 873067045

PLEASE CIRCLE THE CAMP YOU ARE REGISTERING FOR:

Kenora Hockey School

Ages 8 to 18

Keewatin Arena, Keewatin, Ontario

August 7-11, 2007

COST: \$200 (GST INCLUDED)

Goalies for Atom, Pee Wee and Bantam: \$100 (GST INCLUDED)

Post date cheque to July 1, 2007

Atom & Pee Wee Skills, Conditioning and Body Checking

Ages 9 to 12

Century Arena, Winnipeg

August 27-31, 2007

COST: \$150.00 (GST INCLUDED)

Goalies \$50.00

Post date cheque to August 1, 2007

Hockey School and Skills Development

Ages 6 to 10

St. Norbert Arena, Winnipeg

September 3-8, 2007

COST: \$120.00 (GST INCLUDED)

Goalies: \$50.00

Post date cheque to August 1, 2007

St. Adolphe Conditioning Camp, Skills Development & Body Checking Clinic

Ages 7 to 14

St. Adolphe Arena, St. Adolphe, Manitoba

September 10-14, 2007

COST: \$120.00 (GST INCLUDED)

Goalies: \$50.00

Post date cheque to August 1, 2007

NAME: _____

BIRTH DATE: _____

ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

MEDICAL #: _____

POSITION: _____

SHOOTS: LEFT: _____ RIGHT: _____

PARENTS NAMES: _____

I/We do hereby release Carey Wilson and the employees of the Carey Wilson Hockey Development Programs from all recourse, claims, causes of action of any kind whatsoever, in respect of all personal injuries including death or property losses which may be suffered as arising out of or connected with the preparation in and participation with the Carey Wilson Hockey Program programs and activities. I/We do hereby agree to indemnify and hold harmless Carey Wilson and the employees of the Carey Wilson Hockey Development Program from any of all claims, demands, causes of action of any kind whatsoever including negligence that may be made by or on behalf of my child arising out of or connected with my child's preparation in and attendance at any of the Carey Wilson Hockey Program programs or activities with Carey Wilson.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PLEASE COMPLETE APPLICATION IN FULL AND MAIL (ALONG WITH PAYMENT) TO:

CAREY WILSON HOCKEY
85 JEAN LOUIS ROAD
WINNIPEG, MANITOBA R2N 4A9