



## 1. PARTICIPANT INFO

My kid is: ATOM\_\_\_ PEE WEE\_\_\_ BANTAM\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Hockey Club \_\_\_\_\_ Position Played \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Jersey Size \_\_\_\_\_

## 2. HEALTH INFO

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Card # \_\_\_\_\_ Allergies \_\_\_\_\_

Chronic medical conditions \_\_\_\_\_

Medications \_\_\_\_\_

Will Player bring medication to camp? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, it needs to be in the original container and properly labeled.**

Does the player wear eye contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the player have any past or present injuries? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain

injuries;

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### 3.PARENT/GUARDIAN INFO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*Note\* The email you provide above will be the email PHD Hockey Essentials will use to contact and notify parents/guardians of any updates, changes and cancellation to programs.**

### 4.EMERGENCY CONTACT INFO

1st Emergency Contact Name

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2nd Emergency Contact Name

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### 5. PAYMENT INFO

please forward payment by cheque;

**PHD Hockey Essentials**  
**10 Stroud Cres**  
**London ON N6E 1Z6**

The other payment option is by **PayPal** (please visit website instructions)

Full payment is only needed once your child/participant has received confirmation of availability via email by a PHD representative. However, payment needs to be submitted before camp begins, deadlines will be posted on website and sent by email for your convenience.

**\*CANCELLATION POLICY:** To receive a full refund (less \$35 admin fee) please cancel in writing no less than 30 days prior to camp/program start date. Any cancellations 7-29 days prior to camp/program will receive a full credit (less \$35 admin fee) for use on another PHD Hockey Essentials camp/program. Any cancellations within one week of camp/program (0-6 days prior) will receive a 50% credit to be used towards another PHD Hockey Essentials camp/program. Credits are not applicable to private/semi private sessions.

Waiver forms need to be submitted on the first day of the camp/program. PHD Hockey Essentials will not allow child/participant to step on the ice without the waiver, and will not credit for any days loss.

**BY SIGNING THIS FORM**

I hereby acknowledge and accept the cancellation policies put in place by PHD Hockey Essentials, and do not hold PHD Hockey Essentials accountable for any lost, stolen or damaged personal property, including all hockey equipment.

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Parent/Guardian Signature and Date:

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Parent/Guardian Signature and Date:

**Thanking you in advance!**