



1. PARTICIPANT INFO

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;

3.PARENT/GUARDIAN INFO

Last Name _____ First Name _____

Address

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

Home Phone _____ Cell Phone _____

2nd Emergency Contact Name

Home Phone _____ Cell Phone _____

5. PAYMENT INFO

Please pay by E-Transfer to **info@phdhockey.net**.

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.

Parent/Guardian Signature and Date:

Parent/Guardian Signature and Date:

Thanking you in advance!