



## HOCKEY SCHOOL OR CAMP REGISTRATION

### GROUP DETAILS

School/Camp Name: \_\_\_\_\_ Number of participants: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If required, please identify who should be listed as additional insured on your Certificate of Insurance (Arena, Municipality, City, etc):

### NAME OF ORGANIZER

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

City: \_\_\_\_\_ Alternate Phone: (       ) \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### NAMES OF ON-ICE HELPERS (OPTIONAL)

1) \_\_\_\_\_ 6) \_\_\_\_\_

2) \_\_\_\_\_ 7) \_\_\_\_\_

3) \_\_\_\_\_ 8) \_\_\_\_\_

4) \_\_\_\_\_ 9) \_\_\_\_\_

5) \_\_\_\_\_ 10) \_\_\_\_\_

<b>PAYMENT METHOD:</b>	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to iPlayHockey)	PAYMENT AMOUNT _____
	<input type="checkbox"/> E-transfer to payments@iplayhockey.ca	
	<input type="checkbox"/> Payment via Online Banking	Expiry Date _____
	<input type="checkbox"/> VISA <input type="checkbox"/> MC   CARD # _____	Card Holder (PLEASE PRINT) _____ Signature (AUTHORIZATION) _____

**Each participant, or in the case of a minor, each parent/guardian of a participant, acknowledges that participation in the iPlayHockey team/league entails inherent risks of physical injury and that participation is voluntarily. The participant, or the participants parent/guardian, assumes full responsibility for any risks of loss, property damage or personal injury that may be sustained as a result of participating in the iPlayHockey team/league.**



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