

REGISTRATION FORM

PLAYER'S NAME: _____
ADDRESS: _____ APT: _____
CITY: _____ PROV/ST: _____ POSTAL/ZIP: _____
TEL(H): _____ TEL(W): _____ BIRTH DATE: _____ AGE: _____
EMAIL: _____
EMERGENCY CONTACT NAME: _____ NUMBER: _____
MEDICAL CONDITIONS: _____ HEALTH INSURANCE: _____
TEAM: _____ POSITION: _____ LEVEL: _____

PROGRAMS

<u>Prog.Name/Code</u>	<u>Prog. Date</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Subtotal:		_____
HST (13%):		_____
TOTAL PAYMENT:		_____

METHOD OF PAYMENT

Cash Cheque* Money Order Visa MasterCard

Credit Card # _____ Expiry Date: _____

CVV (3 digits after card number on back): _____

* Please make cheques payable to: **Allstar Hockey School Inc.**

The applicant agrees that Allstar Hockey School Inc. its agents, servants and employees will not be held responsible for any accident or loss howsoever caused, and agrees to release Allstar Hockey School Inc., its agents, servants and employees from all claims or damage which may arise as a result of any such accident or loss. In the event of any inability to be contacted, I hereby give Allstar Hockey permission to seek any necessary medical attention required.

PARENT'S/GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

ALLSTAR HOCKEY SCHOOL INC

7 Delbasso Court, Etobicoke, ON Canada M9R 1W6 Tel:(416) 241-1292 /Fax:(416) 241-0576