

## 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: \_\_\_\_\_

TEAM: \_\_\_\_\_ POSITION: \_\_\_\_\_ LEVEL: \_\_\_\_\_

## PROGRAMS

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

## METHOD OF PAYMENT

☐ Cash

☐ Cheque\*  
(CDN)

☐ E-Transfer

☐ Credit Card

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