



Registration Form

May 2nd & 3rd 2015

Callingwood Arena

Please complete a separate form for each participant. Registrations are conducted on a first come basis and space is limited. Please register in the age category you will be playing in the upcoming season. Each Participant receives 2 hours of quality ice instruction with Jason Strudwick. If you have any questions regarding this form, please contact us at info@jasonstrudwick.com. Please Refer to Schedule Page for your daily 1 hour ice times, which will be posted approx. 2 weeks prior to the camp. We offer electronically accepted e-transfer payments accompanied with a completed, signed registrations form, OR please print out, complete the registration form along with your payment, and remit to:

Jason Strudwick Defensive Camp
#365, 9768 - 170 Street
Edmonton, Alberta T5T 5L4
e-mail: info@jasonstrudwick.com

Please Print Clearly

Participant Information

First Name [] Last Name []

Street [] City [] Province [] Postal Code []

Home Phone number [] Emergency Contact Name/ Relationship [] Emergency Phone [] (ext.) []

Birth Date [] day / month / year [] Male [] Female [] Position: Forward [] Defenceman []

Category: Atom [] Peewee [] Bantam [] Midget []

Level of Play: Intermediate (Tier 3 & down) [] OR Advanced Tier 3 & up AA, AAA []

Medical History: Please indicate any medical conditions, concerns, allergies, or injuries. []

Please indicate any Special Requests []

Parent / Guardian Information

First Name [] Last Name []

Address: Street [] City [] Province [] Postal Code []

Home Phone # [] Cell # [] Work # [] (ext.) []

e-mail address [] 2nd e-mail address []

Camp Information

Please arrive ½ hour early and be ready to go on ice 10 min. prior to your ice time.

Please check appropriate box that applies to your son/daughter.

Please circle T-Shirt size.

Atom Intermediate

Atom Advanced

Atom T-Shirt Size (Youth) M / L / XL

Peewee Intermediate

Peewee Advanced

Peewee T-shirt Size (Youth) M / L / XL

Bantam Intermediate

Bantam Advanced

Bantam T-Shirt Size (Adult) SM / M/ L / XL

Midget Intermediate

Midget Advanced

Midget T-Shirt Size (Adult) SM / M/ L / XL

Camp times will be posted on www.Jasonstrudwick.com website and may change based on registrations. Please check schedules for updated changes prior to arriving.

I am enclosing my registration form and cheque for \$ 120.00 for the Spring Camp May 2 & 3,, 2015 Cheque #_____

I am electronically e-mailing my Payment of \$120.00 and completed registration form for the Spring Camp May 2 & 3, 2015 .

Waiver

In consideration of Jason Strudwick Defensive Camp and programs accepting _____(Participant) in their camps and programs, I, _____(Parent/Guardian) hereby for myself, my heirs, executors, administrators and assigns forever release and discharge Jason Strudwick, Jason Strudwick Defensive camps and programs, their instructors, administrators, executives, officers, officials, agents, sponsors, service providers, employees and volunteers from any claims, demands, acts, failure to act incident, accident, misconduct, occurrence or happening, actions, causes of actions, costs (including solicitor clients costs on full indemnity basis) proceedings arising from any losses, damage or injury however caused while affiliated, attending and participating in the Jason Strudwick Defensive Camps and programs.

All property of whatever nature or kind brought to the arena / camps, shall be brought by sole risk of the participant. The camp makes no representation or warranty to the participant concerning liability or loss or damage to such property prior, during or after the camp.

All participants **must** wear full protective regulated hockey equipment.

All participants must bring appropriate clothing for any off ice training when applicable.

Participants will be aware of the conduct, and will conduct themselves accordingly. The camp and any associates of the camp reserves the right to remove any participant from any participation in the camp, or any part of the camp, if the participant is unbecoming before, during or after the camp.

Jason Strudwick defensive camps have right to cancel any camp sessions if advised or otherwise, if the situation is not in the best interest of the participant or the camp.

That to the best of my knowledge, the participant’s physical condition will enable him/her to participate in the Jason Strudwick Defensive camp. That I have disclosed any medical history that may affect the participant’s ability to participate.

That all insurance including medical insurance is the responsibility of the participant and /or parent/guardian of the participant.

I agree to be put on an electronic list for future camp notices and information.

I agree that videos and taking notes during instruction of the camps are prohibited. I also agree to release any photos or videos taken by the camp for promotional purposes. Any Participant wanting photos with Jason for their own personal use is permitted. .

The camp reserves the right to reassign the participant into different groups, times or facilities as deemed necessary.

ASSUMPTION OF RISKS

In consideration of Jason Strudwick Defensive Camps and programs, I hereby acknowledge that I and my child are aware of the physical risks associated with dry training and the sport of hockey, and hereby, Consent, Assume, and Accept full responsibilities of these risks including but not limited to: muscular injuries, bruises, cuts, sprains, dislocations, injuries or brakes to bones or joints, and head, facial or dental injuries which may result from any participation or from other participants. Any injuries on or off the ice from falling, tripping, colliding with other participants, getting hit with pucks / sticks, or any other risks associated with hockey and hockey camps.

REFUNDS

There will be no refunds or credits given for full or prorated sessions. Any NSF cheques will be subject to a \$50.00 fee.

Acknowledgement

I acknowledge that I have read, understand, and agree with the terms and conditions of this agreement , that I have executed this agreement voluntarily, and that this agreement will be binding upon me, my heirs, executors, administrators and representatives.

Signed this _____ day of _____, 2015 .

Signature of Parent or Guardian

Signature of Participant