

# HMI CHRISTIAN HOCKEY CAMPS APPLICATION

Please print this page, fill it out and send it to the address shown at the bottom.  
This form is formatted to print correctly using the Medium or Smaller text size in your browser.

## FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ CAMPER #: \_\_\_\_\_  
DEPOSIT: \_\_\_\_\_ 2nd PAYMENT: \_\_\_\_\_  
JERSEY: \_\_\_\_\_ MEDICAL FORM: \_\_\_\_\_; LETTERS: 1st \_\_\_\_\_ 2nd \_\_\_\_\_  
COMMENTS/NOTES: \_\_\_\_\_

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## Step 1: Select Payment Options

- Cheque (payable to Hockey Ministries International)  
 Money Order

**For cheque or money order payments, a deposit of \$150.00 must accompany application. Please include post-dated cheques or money order for the balance of payment, dated minimum 1 month before start date of camp.**

Note there is a \$20 administrative processing fee if registering after April 15th added to the camper fee. (see website for those prices).

Credit Card (Note if you pay only the deposit of \$150 your card will automatically be charged for the rest one month prior to camp. )

- VISA  
 MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_

Full Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

## Step 2: Order Jersey Size

**For All Campers: FREE Jersey** Select size below:

Men's  Small  Medium  Large  X-Large  2-XL

Goalies with oversized equipment:  2-XL

## Step 3: Fill Out Registration Form

1st Choice Camp Location \_\_\_\_\_ Dates \_\_\_\_\_

2nd Choice Camp Location \_\_\_\_\_ Dates \_\_\_\_\_

Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent's/Guardian's Full Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Camper Email: \_\_\_\_\_

**CONTACT INFO FOR (please circle): Mom Dad Guardian**

Phone: Home \_\_\_\_\_ work \_\_\_\_\_  
cell \_\_\_\_\_ Emergency #1 \_\_\_\_\_  
Emergency #2 \_\_\_\_\_ Fax \_\_\_\_\_  
email \_\_\_\_\_

**CAMPER REGISTRATION INFORMATION**

Birth date (MM/DD/YY): \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Please circle: **Male** or **Female**

Roommate/Friends Request: (accommodated where possible): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please circle position played: Defense Forward Goalie

Hockey Association: \_\_\_\_\_ Level Played (2015-2016): \_\_\_\_\_

I am a: **New camper** **Returning camper**

Medical Conditions: [ ] Asthma [ ] Diabetes [ ] Epilepsy  
[ ] Allergies/food intolerance Specify what and severity \_\_\_\_\_

Does the camper carry an EpiPen? Please circle: Yes No

**\*Note we may not be able to accommodate your child's specific allergy at camp. Call 514.395.1717 ext. 226 to confirm.**

[ ] Head Injury (type/date) \_\_\_\_\_

If you have suffered a concussion do you have a Dr's permission to participate? Yes No

[ ] Other conditions: please specify: \_\_\_\_\_

Medicine(s) to be taken at camp: \_\_\_\_\_

**\*Note: A more thorough Health Information Form will be forwarded to you to be completed and brought to camp.**

How did you hear about this camp? [ ] Past Camper [ ] Arena Poster [ ] Internet  
[ ] Magazine/Newspaper [ ] Brochure [ ] Facebook [ ] Twitter [ ] Other: \_\_\_\_\_

**Step 4: Read and Sign Release and Indemnity Form**

In consideration of the acceptance of my child \_\_\_\_\_  
(Please print name) as a participant in the Christian Hockey Camps program of Hockey Ministries International (HMI), I, the undersigned parent/guardian, hereby release and discharge HMI from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injury suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify HMI and its servants, agents and employees and hold them harmless from and in respect of any and all claims, demands, actions and proceedings which may be brought by or on behalf of my said child against HMI arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation, including all costs and expenses incurred in defending any and all such claims, demands, actions and proceedings.  
I give permission for my child to participate in planned, off-campus activities which individual camps may schedule. I give permission for my child's photo to be used in HMI and Christian Hockey Camps promotional material including videos.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2016

Signature (Parent/Guardian): \_\_\_\_\_

Print Name: \_\_\_\_\_

MEDICAL AUTHORIZATION: I hereby authorize the staff of the HMI - Christian Hockey Camps to make any and all decisions regarding the emergency treatment of my child.

\_\_\_\_\_ (child's name)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2016

Signature (Parent/Guardian): \_\_\_\_\_

HEALTH INSURANCE: It is mandatory that the Camper be covered under private or public health insurance in order to participate at Camp. Please provide the following:

**CANADIAN CAMPER:** Health Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(where applicable)

**U.S. CAMPER:** If you have private health insurance:

Policy # (please indicate ID and Group # if applicable) \_\_\_\_\_

Exp. Date \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

If you are covered under public health insurance (Medicaid or any special health assistance);

Public Health Insurance # \_\_\_\_\_

State \_\_\_\_\_ Exp. Date \_\_\_\_\_

DAMAGES AUTHORIZATION: The parent/guardians of the camper will be expected to pay any damages to residential/campus property resulting from the camper's behavior while attending HMI - Christian Hockey Camps

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2016

Signature (Parent/Guardian): \_\_\_\_\_

\*\*The Parent/Guardian must provide adequate medical insurance for the camper. \*\*

\*\*Out-of-country campers must be sure that appropriate medical insurance coverage is obtained.\*\*

\*\* I understand that in the event of a cancellation on my part there is a non refundable fee of \$70.00.\*\*

**Step 5:** Fax application to: 514-394-9449

**Or mail to:**  
**Hockey Ministries International**  
**Windsor Station**  
**1100 Avenue des Canadiens De Montreal**  
**Box 7,**  
**Montreal, Qc. H3B-2S2**  
**Phone: 514-395-1717**  
**Fax: 514-394-9449**

**CHECK LIST** - Before mailing or faxing, review the following to ensure that you have completed each step.

Fill out application       Read & sign Release and Indemnity Form       Order jersey size

Include payment (Cheques or money orders should be made out to Hockey Ministries International):

1. Deposit of \$150.00 if paying by cheque or money order dated same date as your registration.  
Please include post-dated cheques for the balance of payment, dated minimum 1 month before camp start date.
2. If you are registering after April 15th, please add \$20 to the camper fee.