

# APPLICATION FORM

Option to register online at: [www.hockeyministries.org](http://www.hockeyministries.org)

## Participant Information:

1st choice Camp location \_\_\_\_\_

2nd choice Camp location \_\_\_\_\_

Camper name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Code \_\_\_\_\_

Phone # \_\_\_\_\_ Camper Email \_\_\_\_\_

Jersey size (MEN's sizes):  S  M  L  XL  XXL

Goalies with oversized equipment:  2XL

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age at Camp \_\_\_\_\_

Gender:  Male  Female Height \_\_\_\_\_ Weight (specify kg or lbs) \_\_\_\_\_

Position:  Defence  Forward  Goalie

Hockey association \_\_\_\_\_ Level played \_\_\_\_\_

New Camper **OR**  Returning Camper

Roommate/friend requests (accommodated where possible) \_\_\_\_\_

## MEDICAL CONDITIONS:

Asthma  Diabetes  Epilepsy  Allergies  Head Injury  
 Other Condition(s) (If checked other condition(s)-please specify)  None

Head Injury (type and date) \_\_\_\_\_

If your child has sustained a head injury, has he or she been given a Medical Doctor's permission to participate in sports again?  Yes  No (you will be required to hand in a doctor's release form for permission to play again &/or participate at Camp)

Food allergy(ies)/food intolerance(s)/other types of allergies (specify what and severity) \_\_\_\_\_

Does your child carry an Epi-Pen?  Yes  No

**NOTE:** We may not be able to accommodate your child's food allergy at Camp. Call **514-395-1717 ext. 226** to check.

Medicine to be taken at Camp: \_\_\_\_\_

**I acknowledge that I will need to submit a more thorough medical form for my child at Camp (form will be forwarded upon registration for Camp)**  
(Parent/Guardian Initials)

How did you hear about this Camp?

Past Camper  Arena Poster  Magazine  Newspaper Ad  Brochure  
 Internet  Facebook  Twitter

Other \_\_\_\_\_

## Parent(s)/Guardian(s) Contact Information:

Name(s) \_\_\_\_\_

Please include area codes: Home phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Additional phone # (if needed) \_\_\_\_\_

Email address \_\_\_\_\_

## PAYMENT:

Deposit of \$150 or full Camp fee by credit card, cheque or money order. After \$150 deposit is made, the balance is due one month before Camp and will be automatically charged at that time, **IF** you are paying by credit card. Otherwise, please provide a postdated cheque or money order for the balance. After April 15th prices will be listed at [www.hockeyministries.org](http://www.hockeyministries.org)

## CREDIT CARD INFORMATION:

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ Amount \_\_\_\_\_

# RELEASE & INDEMNITY FORM

In consideration of the acceptance of my child:

\_\_\_\_\_ (print Camper's 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 to 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 promotional material including videos.

Date (mm/dd/yyyy) \_\_\_\_\_

Print (Parent/Guardian) name \_\_\_\_\_

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

**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 \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

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 include 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 \_\_\_\_\_

Out of country Campers must be sure that appropriate medical insurance coverage is obtained.

The parents/guardians of the Camper will be expected to pay for any damages to the residential/campus property resulting from the Camper's behaviour while attending HMI Christian Hockey Camps.

Date (mm/dd/yyyy) \_\_\_\_\_

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

## CHECKLIST:

- Fill out application form
- Read & sign indemnity form
- Order jersey size
- Include payment made out to Hockey Ministries International **OR** credit card number on the reverse side of this form

## FOR OFFICE USE ONLY

Date rec'd \_\_\_\_\_ Deposit \_\_\_\_\_

Letters 1st \_\_\_\_\_