

APPLICATION FORM

Option to register online at: 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

CREDIT CARD INFORMATION:

Card # _____ Expiration date _____

Name on card _____ Amount _____

Please turn over and complete Release & Indemnity Form

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 _____

Please turn over and complete Application Form