

THE HOCKEY LOFT REGISTRATION FORM 2008

CONTACT INFORMATION

Player's Name: Nickname/Preferred Name:

Date of Birth: M..... / D..... / Y..... Male Female

Mailing Address: Email Address:

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..... Family Email Address(es):.....

Player Phone Number: (.....) - Cell: (.....) -

Father/Guardian's Name: Work Ph.: (.....) - Home Ph.: (.....) -

Cell: (.....) -

Mother/Guardian's Name: Work Ph.: (.....) - Home Ph.: (.....) -

Cell: (.....) -

PLAYER INFORMATION

Height: Weight:

Position(s) Preferred:

Shoots: Left Right

Goalie (catches): Left Right

Number of years playing: Current Team/Most Recent:

Coach Name: Coach Email:

MEDICAL INFORMATION

Health Card #: Family Doctor:

Medical conditions that we should be aware of (allergies, etc):

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EMERGENCY CONTACT

Name: Relationship to Registrant:

Work Ph.: (.....) - Home Ph.: (.....) - Cell: (.....) -

MEMBERSHIP INFORMATION

Are you a member? Yes No If no, would you like to become a member? Yes No

Membership Fees: One time set-up fee and RF identification tag..... \$20.00
 Monthly Membership fee..... \$5.00 (credit card required)
 Optional annual memberships can be paid annually..... \$60.00

Payment Method: Check Credit Card

Credit Card Type:

Credit Card #:Exp.....

Please tell us a bit about your hockey history. What skills would you like to work on? Who is your favourite team or player? What is your favourite hockey experience? Do you have any awards or championships? etc . . .

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Cancellation Policy

No Refunds will be given - only a credit towards another Session with two full weeks notice prior to cancellation. In the event that it is necessary for the student to cancel for medical reasons (Doctor's note required), all unused monies deposited will be credited towards the student's tuition fee for the following session with available space. A 10% administrative charge, based on Program registration fee, will be assessed against all credits issued.