



South Simcoe Hockey School

Building confidence on the ice...

April REP PREPARATION CAMP REGISTRATION FORM

Player Name: _____ Birth Date: _____

Level of play during the season (please circle one): HL, AE, A, AA, AAA

Address: _____ City & Postal Code: _____

Phone Number: _____ Email Address: _____

Based on player's age please check the corresponding box below to indicate which GROUP# your player will participate in

Rep Tryout Preparation Camp (held at the (IRC) Innisfil Recreation Complex)

- ☐ GROUP 1 – Birth Years 2010-2007: 12hrs of Hockey Development - \$420.36 + HST (\$475.00)
- ☐ GROUP 2 - Birth Years 2006-2002: 12hrs of Hockey Development - \$420.36 + HST (\$475.00)

Group 1 (2010 Minor atom -2007 Major Peewee):

Tues March 26: 6:30pm to 7:50pm - STROUD ARENA
Thurs March 28: 6:30pm to 7:50pm - STROUD ARENA
Tues April 2: 6:00pm to 7:20pm
Thurs April 4: 6:00pm to 7:20pm
Tues April 9: 6:00pm to 7:20pm
Thurs April 11: 6:00pm to 7:20pm
Tues April 16: 6:00pm to 7:20pm
Thurs April 18: 6:00pm to 7:20pm

Group 2 (2006 Minor Bantam -2002 Major Midget):

Tues March 26: 8:00pm to 9:20pm - STROUD ARENA
Thurs March 28: 8:00pm to 9:20pm - STROUD ARENA
Tues April 2: 7:30pm to 8:50pm
Thurs April 4: 7:30pm to 8:50pm
Tues April 9: 7:30pm to 8:50pm
Thurs April 11: 7:30pm to 8:50pm
Tues April 16: 7:30pm to 8:50pm
Thurs April 18: 7:30pm to 8:50pm

Payment: \$ _____ Remaining Balance: \$ _____

A 50% deposit in the form of a cheque must be included with the registration form with the remainder of the payment due on the first day of the program chosen. A charge of \$25.00 will be incurred for any NSF cheques. No refunds on deposits.

By signing this registration form as the Parent/Legal Guardian of the above-named Player, I understand and agree that the proprietors, employees and instructors are not responsible for any injury, accident, loss or damage of any kind sustained by the above-named Player, any other player or any other person, in connection with South Simcoe Hockey School. I understand, appreciate and accept the risks associated with enrolling the Player in the hockey school and all related activities, and I agree to waive any claim and to release the proprietors, employees and instructors from all claims, losses, liabilities and damages, which may arise as a result.

Signature of Parent or Legal Guardian: _____ Print Name: _____ Date: _____

How did you hear about us: _____

Mail your registration form & deposit to South Simcoe Hockey School Inc.

PO BOX 7085 Innisfil ON. L9S 1A8 - (705) 252-3858

Inquiries: info@southsimcoehockey.com

<https://www.facebook.com/SouthSimcoeHockey>