



Dynamic Hockey 3on3 Tournament Camp Registration Form

Team Captain Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Player Name: _____ Level Played: _____ Position: _____

Please Indicate the Desired Camp(s):

<u>Camp:</u>	<u>YOB:</u>	<u>Cost: (GST Inc.)</u>	<u>Dates:</u>	<u>Location</u>	<u>Selection(s)</u>
3vs3	U15	\$1450.00	July 15-17	Edmonton, AB	_____
3vs3	U18	\$1450.00	July 15-17	Edmonton, AB	_____
3vs3	Junior/Pro	\$1450.00	July 15-17	Edmonton, AB	_____

Personal information obtained and retained for safekeeping by Dynamic Hockey hereunder (“Personal Information”) is solely for the following purposes: (1) administering Dynamic Hockey Camps play and for properly attending to any necessary medical matter regarding your child and (2) providing you with information about Dynamic Hockey Development and its programs should you indicate your interest below. The Personal Information will not be provided to any third party without your specific consent.

_____ **Yes, we wish to receive information about Dynamic Hockey Development and its programs.**

Please email form to:

info@dynamichockey.net
SUBJECT: DYNAMIC ID CAMP
ATTN: JASON STEWART

Payment terms: **Please do not send payment until Dynamic Hockey confirms your spot.** Once confirmed, please send an e-transfer for corresponding camp fees above to info@dynamichockey.net with e-transfer password set to: **hockey**

Jason Stewart, Dynamic Hockey Development President may be reached at: jstewart@dynamichockey.net or by phone at 587-985-5637.

Cancellation Policy:

No cancellations will be accepted after May 30, 2022. All cancellations are subject to a \$50.00 administration fee.

PLEASE SEE ASSUMPTION OF
RISK AND WAIVER ON
FOLLOWING PAGE. ALL
PARTICIPANTS MUST SIGN
TO BE ELIGIBLE.

ASSUMPTION OF RISK AND WAIVER

ACKNOWLEDGEMENT

I, _____, parent/guardian of _____, acknowledge that _____ will be participating in Dynamic Hockey Development’s Hockey Camps. I acknowledge that there are inherent risks in playing hockey.

RELEASE AND WAIVER

I, for myself, my heirs, executors, personal representatives, administrators and assigns, hereby release Dynamic Hockey Development, its board of directors, officers, employees, servants, agents, representatives and volunteers (“Dynamic Hockey Releasees”) from all claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to _____’s person or property incurred while attending and/or participating in the said Dynamic Hockey Development’s Hockey Camps, save and except as the same may arise out of or be as a consequence of the gross negligence of any of the NAX Releasees.

INDEMNIFICATION

For valuable consideration provided by Dynamic Hockey Development in accepting the within application, the receipt and sufficiency of which are hereby acknowledged, I agree to indemnify and hold harmless, all of the Dynamic Hockey Releasees from any claims or demands of any nature or kind whatsoever, which might be made against the said Dynamic Hockey Releasees arising out of or in consequence of the attendance or participation by _____ in the Dynamic Hockey Development’s Hockey Camps

DATED AT EDMONTON, ALBERTA, THIS _____ DAY OF _____, 2022.

Witness

Signature of Parent/Guardian

Printed Name of Witness

* - For the purposes of this document, the term “Dynamic Hockey” shall mean “Dynamic Hockey Development”.