

## Northern Alberta Xtreme Evaluation Camp Registration Form

Player's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Names: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Level & Division Played: \_\_\_\_\_ Position: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Please Indicate the Desired Camp:

<b>Camp:</b>	<b>YOB:</b>	<b>Cost: (GST Inc.)</b>	<b>Dates:</b>	<b>Selection(s)</b>
U15 (Bantam) Evaluation Camp	2009-10	\$210.00	April 7-9, 2023	_____
U18/17 (Midget) Evaluation Camp	2006-08	\$210.00	May 5-7, 2023	_____

Personal information obtained and retained for safekeeping by NAX hereunder ("Personal Information") is solely for the following purposes: (1) administering NAX play and for properly attending to any necessary medical matter regarding your child and (2) providing you with information about NAX and 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 NAX and its programs.**

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

Payment terms: **Please do not send payment until NAX confirms your spot.** Once confirmed, please send an e-transfer for corresponding camp fees above to **[jstewart@naxacademy.com](mailto:jstewart@naxacademy.com) with e-transfer password set to: hockey**

Email form to:

**[jstewart@naxacademy.com](mailto:jstewart@naxacademy.com) & [nwlasichuk@naxhockey.com](mailto:nwlasichuk@naxhockey.com)**

**SUBJECT: NAX EVALUATION CAMP**

**ATTN: JASON STEWART**

Jason Stewart, Northern Alberta Xtreme President may be reached at: **[jstewart@naxacademy.com](mailto:jstewart@naxacademy.com)** or by phone at 587-985-5637.

### **Cancellation Policy:**

No cancellations will be accepted after March 30, 2023. All cancellations are subject to a \$50.00 administration fee

**ASSUMPTION OF RISK AND WAIVER**

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, acknowledge that \_\_\_\_\_ will be participating in the Northern Alberta Xtreme Evaluation Camp. 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 Northern Alberta Xtreme, its board of directors, officers, employees, servants, agents, representatives and volunteers (“NAX 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 Northern Alberta Xtreme Evaluation 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 Northern Alberta Xtreme in accepting the within application, the receipt and sufficiency of which are hereby acknowledged, I agree to indemnify and hold harmless, all of the NAX Releasees from any claims or demands of any nature or kind whatsoever, which might be made against the said NAX Releasees arising out of or in consequence of the attendance or participation by \_\_\_\_\_ in the Northern Alberta Xtreme Evaluation Camp.

DATED AT \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_

*Printed Name of Witness*

\* - For the purposes of this document, the term “NAX” shall mean “Northern Alberta Xtreme”.