



Dynamic Hockey Advanced Shooting Camp Registration Form

Player's Name: First: _____ Last: _____

Address: _____

Postal Code: _____ Phone: _____

Birthdate: _____ Email: _____

Parent's Names: Mother: _____ Father: _____

Level & Division Played: _____ Position: _____

Jersey Size (Please Circle): S M L XL Goalie

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Alberta Health Care #: _____

Allergies or Medical Concerns: _____

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>
Advanced Shooting Camp	2010 & Older	\$420.00	August 1-4, 2023	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:

btoma@naxhockey.com & nwlasichuk@naxhockey.com

SUBJECT: ACVANCED SHOOTING CAMP

ATTN: BRAYDEN TOMA

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, 2023. All cancellations are subject to a \$50.00 administration fee.

Please see ASSUMPTION OF RISK AND WAIVER on following page.

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 _____, 2023.

Witness

Signature of Parent/Guardian

Printed Name of Witness

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