



# SPRING PROGRAMS REGISTRATION FORM 2015

<p style="text-align: center;"><b>SAVE PDF and E-MAIL or FAX completed form.</b>  <b>ONLINE registration form available on our website.</b>  <span style="color: red;">LIMITED SPACE AVAILABLE</span></p>	<p><b>FOR OFFICE USE</b>  <b>Player ID #</b></p>
<p style="text-align: center;">44 Barr Crescent ★ Aurora, ON, Canada L4G 0C1  <b>Phone:</b> 905-750-0011 ★ <b>Fax:</b> 905-750-0022  <b>E-mail:</b> info@rogerneilsonshockey.com  <b>www.rogerneilsonshockey.com</b></p>	<p style="text-align: center;"><b>FIND US ON SOCIAL MEDIA</b>  <a href="https://twitter.com/RNeilsonsHockey">Twitter.com/RNeilsonsHockey</a>  <a href="https://facebook.com/RogerNeilsonsHockeyCamp">Facebook: RogerNeilsonsHockeyCamp</a></p>

PARTICIPANT'S INFORMATION					
FIRST NAME	LAST NAME	DATE OF BIRTH MM / DD / YY	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
PRIMARY ADDRESS (where camper resides)		CITY	PROV / STATE	COUNTRY	POSTAL / ZIP CODE
HOME PHONE	FATHER CELL	MOTHER CELL		ALTERNATE # (cottage, etc.)	
PARENTS NAMES F: _____ M: _____		FATHER EMAIL		MOTHER EMAIL	
CUSTODY STATUS <input type="checkbox"/> JOINT <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER _____			EMERGENCY CONTACT		RELATION
					HOME: CELL:

PLAYER PROFILE						
2013-14 TEAM (List 2014-15 team if known)		LEAGUE	SKILL LEVEL <input type="checkbox"/> INEXP. <input type="checkbox"/> HOUSE <input type="checkbox"/> REP/A <input type="checkbox"/> AA/AAA <input type="checkbox"/> OTHER			
PREFERRED POSITION <input type="checkbox"/> LW <input type="checkbox"/> C <input type="checkbox"/> RW <input type="checkbox"/> RD <input type="checkbox"/> LD <input type="checkbox"/> G		SHOT <input type="checkbox"/> L <input type="checkbox"/> R	HEIGHT (ie. 4', 3")	WEIGHT (ie. 85 lbs)	CURRENT SCHOOL	GRADE

## SELECT 2015 SPRING PROGRAMS BELOW:

MARCH BREAK 3-ON-3: MAR 16-17-18		
<input checked="" type="checkbox"/>	TOURNAMENTS: 1-DAY EACH	FEES
These fees are for individual registrations. Team entries will set their own rates.		
	TYKE/NOVICE (2006-07) HL/REP DIVISION	65
	TYKE/NOVICE (2006-07) AA/AAA DIVISION	65
	ATOM (2004-05) HL/REP DIVISION	65
	ATOM (2004-05) AA/AAA DIVISION	65
	PEEWEE (2002-03) HL/REP DIVISION	65
	PEEWEE (2002-03) AA/AAA DIVISION	65

PRE-TRYOUT SESSIONS: MAR 30-APR 2		
<input checked="" type="checkbox"/>	SESSIONS	FEES
	TYKE/NOVICE (2007-08) – 4 hours (6-7 pm)	125
	ATOM (2005-06) – 4 hours (7-8 pm)	125
	PEEWEE (2003-04) – 4 hours (8-9 pm)	125
	BANTAM (2001-02) – 4 hours (9-10 pm)	125
	<b>BONUS SESSIONS: (2005-08) 3 HOURS</b> April 5 9:30-11:00 am + April 12 10:00-11:30 am	90
	<b>POWER-SKATING TUNE-UP: (2003-08)</b>	30
April 6: 6:00-10:00 pm (ACC-2) 1 hour session each: Tyke/Nov. (07-08) Atom (05-06) PW (03-04) Bantam (01-02)		

SPRING DEVELOPMENT PROGRAM		
<input checked="" type="checkbox"/>	ONE GROUP	FEES
	TYKE/NOVICE (2007-08)	345
	ATOM (2005-06)	345
	PEEWEE (2003-04)	345
<b>PLAYERS ARE DIVIDED BY AGE AND SKILL</b> 6 x 1.5 hour SESSIONS – Individual Skills Development PRICE INCLUDES A RNHC SWEATER		
<b>DATES:</b> April 19*, 26 May 3, 10, 31 June 7 9:30 – 11:00 am (on-ice only) *(10-11:30 am)		

See **SPRING PROGRAM FEES & SCHEDULE** for additional details, pricing and discounts.

All prices listed in Canadian dollars. Tax (HST) of 13% will be added to all programs and incidentals.

PAYMENT INFORMATION & AUTHORIZATION		CANCELLATION POLICIES & DECLARATION							
<p><b>DEPOSITS:</b> Full payment is required with application for all Spring Programs and is payable by <b>Cheque, Visa</b> or <b>MasterCard</b>. Cheques should be made out to <b>Roger Neilson's Hockey Camp</b>. All Credit Cards will be billed in Canadian funds. Registrations will only be processed when a valid credit card number is provided OR cheque provided. After processing your registration, a confirmation and additional details will be sent via email (unless specifically requested otherwise).</p> <p><b>OUTSTANDING BALANCES:</b> Participants will not be permitted to take the ice if there is an outstanding balance on account. Please ensure your account is up to date prior to your arrival for your first ice session.</p> <p><b>Complete Terms &amp; Conditions</b> can be found via the Roger Neilson's website or by request. In signing this application, you are authorizing RNHC to use your child's photograph in publicity and news releases (including print and electronic advertising/media) at its discretion. You are also certifying that the applicant is in good physical and mental health and that you have read and understood the conditions of this application and agree to abide by the terms herein. Questions should be directed to the RNHC Director by phone or email.</p>		<p><b>MARCH BREAK TOURNAMENT:</b> There is a 50% cancellation fee on all 'Team' and 'Individual' (OPEN) entries up to Feb. 15, 2015. There are no cancellations on 'Team' or 'Individual' entries past Feb. 28, 2015. In the case of a medical cancellation, there will be a 50% cancellation fee up to the Tournament date. At the sole discretion of Roger Neilson's Hockey (and its representatives), cancellations may be given a credit towards a future Roger Neilson's program. Cancellations due to injury or medical reasons will require a Doctor's certificate and the cancellation fee (less a 25% administrative fee) will be kept 'on account' for use in a future Roger Neilson's program.</p> <p><b>PRE-TRYOUT/SPRING DEVELOPMENT:</b> All cancellations are less a 25% administrative fee. There are no refunds on cancellations within 2 weeks prior to the program start date. There are NO refunds or pro-rated discounts for conflicts, 'no shows' or missed practices – without prior consent of the Roger Neilson's Hockey office.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DEPOSIT AMOUNT \$ _____</td> <td style="width: 50%; padding: 2px;">PAYMENT TYPE <input type="checkbox"/> CHARGE FULL <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px; background-color: yellow;"><b>FULL PAYMENT IS DUE WITH APPLICATION.</b></td> </tr> <tr> <td style="padding: 2px;">CARD NUMBER</td> <td style="padding: 2px;">EXPIRY DATE MM / YY</td> </tr> </table>		DEPOSIT AMOUNT \$ _____	PAYMENT TYPE <input type="checkbox"/> CHARGE FULL <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC	<b>FULL PAYMENT IS DUE WITH APPLICATION.</b>		CARD NUMBER	EXPIRY DATE MM / YY	<p><b>DECLARATION</b>            I understand that Roger Neilson's Hockey Camp (RNHC) will provide necessary and appropriate supervision of my child ON ICE but that there is no OFF-ICE supervision in the Spring Programs. I give my approval to my child's participation in all program activities and assume all risks and hazards incidental to such participation and do waive, release, absolve, indemnify and agree to hold harmless, other than for willful default or neglect on their part, Roger Neilson's Hockey Camp (RNHC), its officers, agents or employees.</p>	
DEPOSIT AMOUNT \$ _____	PAYMENT TYPE <input type="checkbox"/> CHARGE FULL <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC								
<b>FULL PAYMENT IS DUE WITH APPLICATION.</b>									
CARD NUMBER	EXPIRY DATE MM / YY								
CARD HOLDER	SIGNATURE	PARENT AUTHORIZATION SIGNATURE	DATE MM / DD / YY						

**RETURN BY EMAIL OR FAX TO: 905-750-0022**