



RESIDENTIAL CAMPS REGISTRATION FORM 2015

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

CAMPER'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						
2014-15 TEAM (List 2015-16 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
TEAMMATE REQUESTS: RNHC attempts to honor all requests but reserves the right to assign campers in the best interest of the individual and the overall program.		REQUEST 1:		REQUEST 2:	REQUEST 3:	

CHECK CAMP PROGRAMS OR COMBO WEEKS BELOW:

WEEK # 1: JULY 12-17, 2015		
✓	SESSIONS	FEES
	'FUNDAMENTAL' SKILLS (1999-07)	1,170
	(WITHOUT RESIDENCE)	785
	'ADVANCED' ELITE SKILLS (1999-07)	1,370
	(WITHOUT RESIDENCE)	885
	2-WEEK FUNDAMENTAL & ESSENTIAL SKILLS	2,240
	(WITHOUT RESIDENCE)	1,450

WEEK # 2: JULY 19-24, 2015		
✓	SESSIONS	FEES
	'ESSENTIAL' SKILLS (1999-07)	1,170
	(WITHOUT RESIDENCE)	785
	'ULTIMATE' ELITE SKILLS (1999-07)	1,370
	(WITHOUT RESIDENCE)	885
	2-WEEK ADVANCED & ULTIMATE SKILLS	2,640
	(WITHOUT RESIDENCE)	1,650

WEEK # 3: JULY 26-31, 2015		
✓	SESSIONS	FEES
	'TRAIN LIKE A PRO' CAMP (1998-04)	2,395
	(WITHOUT RESIDENCE)	1,995
	2-WEEK ELITE COMBO (WKS 1 / 2 & 3)	3,645
	(WITHOUT RESIDENCE)	2,685
	3-WEEK ELITE COMBO (WKS 1, 2, & 3)	4,945
	(WITHOUT RESIDENCE)	3,495

'Early Bird' registration deadline is: March 15th (11:59 pm). Register and pay in full and save 5%.

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

Note: Goaltenders can add a second week for ½ price (applies to least expensive program). Not applicable to 'Early Bird' promotion.

PAYMENT INFORMATION			TERMS & CONDITIONS	
<p>DEPOSITS: A minimum deposit of \$500 per camp week is required with application and is payable by Cheque, Visa or MasterCard. Cheques should be made out to Roger Neilson's Hockey Camp. 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). CONTACT THE CAMP OFFICE TO PAY BY E-MAIL TRANSFER.</p> <p>BALANCES DUE: Balances owing on account are due May 1, 2015. Unless otherwise indicated by applicant, final payments will automatically be processed on the credit card provided on May 1, 2015 or soon thereafter. Please be certain your credit card on file is current as of May 2015. If registering after May 1st, full payment is required at time of registration. No personal cheques will be accepted past June 1, 2015. Money Orders or Certified Cheques are acceptable.</p>			<p>There is a CANCELLATION FEE of \$500 per week cancelled before May 1, 2015. There are NO refunds after May 1, 2015 except for medical reasons. 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 at the request of Roger Neilson's Hockey – and the cancellation fee will be kept 'on account' for use in a future Roger Neilson's program – less an administration fee. There are NO refunds or pro-rated discounts for conflicts, 'no shows', change of plans or missed practices or games – without prior consent of the Roger Neilson's Hockey Director. The Camp Director reserves the right to dismiss a camper when it is determined to be in the best interests of the child and/or camp program. There are NO refunds for participants dismissed by the camp for behavioral reasons.</p> <p>Complete Terms & Conditions 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>	
<input type="checkbox"/> CHARGE FULL	DEPOSIT VALUE \$	PAYMENT TYPE <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> E-MAIL TRANSFER	FINAL PAYMENTS ARE DUE MAY 1, 2015.	
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