



# 2019 Registration Form

P.O. Box 57 Bay Roberts, NL  
A5A 1B5  
atlanticicewarriors@gmail.com  
www.atlanticicewarriors.com

<b>Player's Name:</b> _____ <b>Date of Birth (M/D/YYYY)</b> <input type="text"/> / <input type="text"/> / <input type="text"/>		<b>Atlantic Ice Warriors *Programs Offered:</b> <input type="checkbox"/> <b>Skill Development Aug. 8-12, 2017</b> <input type="checkbox"/> \$470 + HST (1 <sup>st</sup> child) <input type="checkbox"/> \$445 + HST (2 <sup>nd</sup> child) <input type="checkbox"/> \$420 + HST (3 <sup>rd</sup> child)  <input type="checkbox"/> <b>Advanced Skills Aug. 13-17, 2017</b> <input type="checkbox"/> \$470 + HST (1 <sup>st</sup> child) <input type="checkbox"/> \$445 + HST (2 <sup>nd</sup> child) <input type="checkbox"/> \$420 + HST (3 <sup>rd</sup> child)  <input type="checkbox"/> <b>Goalie Program Aug 13-17, 2017</b> <input type="checkbox"/> \$445 + HST (1 <sup>st</sup> child) <input type="checkbox"/> \$420 + HST (2 <sup>nd</sup> child) <input type="checkbox"/> \$395 + HST (3 <sup>rd</sup> child)  <input type="checkbox"/> <b>Sharp Shooter Program Aug 13-17, 2017</b> <input type="checkbox"/> \$395 + HST (no family rate)  <input type="checkbox"/> <b>Female Program Aug 13-17, 2017</b> <input type="checkbox"/> \$445 + HST (1 <sup>st</sup> child) <input type="checkbox"/> \$420 + HST (2 <sup>nd</sup> child) <input type="checkbox"/> \$395 + HST (3 <sup>rd</sup> child)
<b>MCP#:</b> <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <b>Exp.</b> <input type="text"/> / <input type="text"/> / <input type="text"/>		
<b>JERSEY SIZE:</b> Youth: <input type="checkbox"/> L <input type="checkbox"/> XL / Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
<b>Level of Hockey Played:</b> <input type="checkbox"/> House League <input type="checkbox"/> All-Star / A <input type="checkbox"/> AA <input type="checkbox"/> AAA		
<b>Position Played:</b> <input type="checkbox"/> Forward/Center <input type="checkbox"/> Defence <input type="checkbox"/> Goalie		
<b>Parents Names:</b> _____		
<b>Home Phone #:</b> ( <input type="text"/> ) <input type="text"/> - <input type="text"/> <b>Cell Phone #:</b> ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		
<b>Email Address:</b> _____		
<b>Mailing Address:</b> _____		
<b>Any <u>severe</u> medical conditions or concerns?</b> _____		

(\*please email us at [atlanticicewarriors@gmail.com](mailto:atlanticicewarriors@gmail.com) for more detailed information about each program)

**Total Amt. Paying:** \$  **Total Amt. Owning:** \$  **Remaining balance is due:** **June 1, 2017.**

**Method of Payment:**  Cash  Email Transfer [atlanticicewarriors@gmail.com](mailto:atlanticicewarriors@gmail.com)  
 **Cheque Please make cheque(s) payable to: Atlantic Ice Warriors, P.O. 57, Bay Roberts, NL A0A 1G0**  
 **Visa**  **Master Card**  **Other**  (please indicate)

**Name on Card:** \_\_\_\_\_ **Credit Card #:** / / / /  **Exp. Date (MM/YY):** /  **3 digits (on back of card):**

**Please Note: Registration is not finalized until payment is made in full.**

### Legal Permission and Waiver:

I/We hereby give permission for Atlantic Ice Warriors to photograph my child with the understanding that the sole use of the photographs will be for the promotion of our hockey camp on the Atlantic Ice Warriors website @ [www.atlanticicewarriors.com](http://www.atlanticicewarriors.com), facebook page, brochures, newspaper articles, or other promotional materials.

The owners, management and staff of Atlantic Ice Warriors Inc., DO NOT accept responsibility for injury, loss, damage, or accident, either to person or to property incurred by anyone during the operation of the Hockey Programs/Camps and the undersigned Parent or Guardian hereby agrees to release, indemnify and save harmless the above mentioned, or any of the against any and all loss, costs, expenses, claims, demands, and suits whatsoever on account or in respect of any such injury, loss, damage, or accident.

I agree to the **Legal Permission and Waiver:**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Terms & Conditions

There will be a \$50 administration fee for all cancellations. Full refunds (minus administration fee) will only be issued prior to and including July 1st, 2017. Registration refunds will be issued in full (minus the admin fee) only for medical reasons beginning July 2nd, 2017 and ending August 7th, 2017. For these circumstances a medical note will be required.

I agree to the **Terms & Conditions:**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_