

2019 Registration Form

6 Mattco Crestant Clarenville, NL A5A 4M3 atlanticicewarriors@gmail.com www.atlanticicewarriors.com

*		
Player's Name:	Date of Birth (M/D/YYYY)	Please indicate which camp you wish to register for:
MCP#:	Position Played: Forward/Center Defence Goalie Cell Phone #:	Skill Development Program (IP/NOVICE):
Any <u>severe</u> medical conditions of v		
Total Amt. Paying: \$ Total Method of Payment: □ Cash □Em □ Cheque Please make cheque(s) □ Visa □ Master Card □ Other Name on Card: Credit C	al Amt. Owing: \$ Rema ail Transfer atlanticicewarriors@g payable to: <u>Atlantic Ice Warriors, (</u> (please indicate) ard #: Exp. Date	Mattco Cres., Clarenville NL A5A 4P5 (MM/YY): 3 digits (on back of card):
Total Amt. Paying: \$ Total Method of Payment: □ Cash □ Em □ Cheque Please make cheque(s) □ Visa □ Master Card □ Other Name on Card: Credit Companies on the companies of the promotion	all Amt. Owing: \$ Remains all Transfer atlanticicewarriors@g payable to: Atlantic Ice Warriors, (a) (please indicate) Exp. Date Exp. Dat	mail.com 6 Mattco Cres., Clarenville NL A5A 4P5 (MM/YY): 3 digits (on back of card): I. In the understanding that the sole use of the photographs will be atlanticicewarriors.com, facebook page, brochures, newspaper responsibility for injury, loss, damage, or accident, either the against any and all loss, costs, expenses, claims, demand

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, 2019. Registration refunds will be issued in full (minus the admin fee) only for medical reasons beginning July 2nd, 2019 and ending

Date:

August 7th, 2019. For these circumstances a medical note will be required.

☐ I agree to the <u>Terms & Conditions</u>:

Parent Signature: