

Participant's Name: _____ Sex: Female / Male

Mailing Address: _____ Postal Code: _____

Cell/Home Phone: (_____) _____ E-Mail Address: _____

Date of Birth (Year / Month / Day): _____ Hockey Age Group: _____

Health Card Number: _____

Emergency Contact Information:

A legal guardian or emergency contact person must be available the weekend of the camp.

Name: _____ Relationship: _____

Cell/Home Phone: (_____) _____ E-Mail Address: _____

Medical Information we should be aware of:

Please indicate what position you play (goalies are welcome to attend):

REGISTRATION INFORMATION - Deadline to register is October 2nd

****No late registrations will be accepted****

COST: \$75/skater

AGE GROUPS: Novice, Peewee, Atom, Bantam/Midget

SPACE IS LIMITED TO 12 SKATERS PER AGE GROUP

Please submit your completed form with cheque (payable to the Town of Outlook) to the recreation office or mail to 'Outlook & District Rec Board, Box 523, Outlook, SK S0L 2N0.'

I hereby give permission for _____ (participant) to participate in the Pre-Season Hockey Camp and waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue the Town of Outlook as represented by the Outlook and District Recreation Board and their officers, employees, mountain guides, instructors, leaders (volunteer or other), agents, or representatives (collectively the "Released Parties") for any personal injury, death and property damages, expenses, or loss sustained by the participant as a result of his or her participation in the Pre-Season Hockey Camp due to any cause whatsoever, including, without limitation, negligence, breach of statutory duty including duties arising from occupier's liability legislation.

Legal Guardian Name

Legal Guardian Signature

Date