

Ultimate Hockey Camp

Registration Form

July 7-11, 2010 at Twin Rinks Arena

Player General Information

Last Name	Initials	First Name
Birth date (YYYY-MM-DD)	Age	Gender
Day Phone Number	Evening Phone Number	
Address	Postal Code	
City	Province	
Camp Group (Please Check) <input type="checkbox"/> Novice <input type="checkbox"/> Atom <input type="checkbox"/> Peewee <input type="checkbox"/> Bantam		

Guardian General Information

Last Name	Initials	First Name
Address	Relationship	
Home Phone	Work Phone	Cell Phone
E-mail Address		

Emergency Contact Information

Last Name	Initials	First Name
Address	Relationship	
Home Phone	Work Phone	Cell Phone

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Medical Form

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Medical History

Please list all medications currently taking. Advise upon arrival if medications before or during camp change.

Please list all medical conditions/sports injuries/allergies currently under treatment.

Do you feel there any past injuries that should be noted at this time? If so please explain

Medical Information

Provincial Health Card Number

Family Physician

Family Physician Phone Number

Guardian Name

Relation

Guardian Signature

Date

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Consent Form

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Consent for Medical Treatment/ Parental Permit/ Release of Medical Information

The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for such diagnostic, therapeutic, and operative procedure as may be deemed necessary for my son/daughter.

I authorized release of any information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

Guardian Signature	Relation	Date

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Schedule

Please note: The scheduled times for each group will be the same for each day of camp. Novice and Atom groups will be on the ice at the same time and the Pee wee and Bantam groups will be on the ice at the same time. Each division will be individually instructed.

The last on-ice session will alternate every second day between scrimmages and skills. During scheduled scrimmage times Novice and Atom/Pee wee and Bantam players will be on the same team but playing against lines of their own age/division.

Novice	Atom	Pee wee	Bantam
9:00 - 10:05 Power Skating	9:00 - 10:05 Power Skating	10:15 - 11:20 Power Skating	10:15 - 11:20 Power Skating
10:15 - 11:15 Off-ice	10:15 - 11:15 Off-ice	11:30 - 12:30 Off-ice	11:30 - 12:30 Off-ice
11:30 -12:35 Scrimmage	11:30 -12:35 Scrimmage	12:45 - 1:50 Scrimmage	12:45 - 1:50 Scrimmage

Registration

Please mail completed forms and deposit to: Ultimate Hockey Camp Chad Locke 58 Lori-Dale Ave Charlottetown, PE C1E 1P5	For additional information please contact: Chad Locke (709) 693-0944 ultimatehockeycamp@hotmail.com
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Payment

The cost to attend the camp is \$250.00.
Please make cheques or money orders payable to: Ultimate Hockey Camp
Please note that a \$100 non-refundable deposit will be due June 1, 2010. Payment of \$150 for remaining balance will be due June 7, 2010.

When mailing the Registration please ensure that all fields are filled out on each form.