



333 Shawville Blvd S.E.  
 Phone: 201-8652  
 Fax: 201-8657

## 2011 Program Registration Form

### Sports / Hockey Joint MMH/SMMH and SFCRA Clinics

### Fall Session

Our Conditioning Camps are designed specifically to help Minor Hockey players prepare for the up and coming season. Improved conditioning will be accomplished by working on skating and skills that are the basis of the complete hockey player including: passing, shooting and endurance.

Program Name	Date	Times	Course Code	Member Cost	Non-Member Cost	Check to Register
<b>Goalie Clinic #1</b> Novice, Atom 1 <sup>st</sup> year Peewee	Friday September 16, 2011	6:30 – 8:00 pm	3656	\$35.00	\$40.00	<input type="checkbox"/>
<b>Goalie Clinic #2</b> 2 <sup>nd</sup> year Peewee Bantam, Midget	Friday September 16, 2011	8:15 – 9:45 pm	3657	\$35.00	\$40.00	<input type="checkbox"/>
<b>Goalie Clinic #3</b> Novice, Atom 1 <sup>st</sup> year Peewee	Friday September 23, 2011	6:30 – 8:00 pm	3658	\$35.00	\$40.00	<input type="checkbox"/>
<b>Goalie Clinic #4</b> 2 <sup>nd</sup> year Peewee Bantam, Midget	Friday September 23, 2011	8:15 – 9:45 pm	3659	\$35.00	\$40.00	<input type="checkbox"/>
<b>Bantam Camp #1</b> <b>13 – 14 yrs</b>	Tuesday September 6, 2011	8:15 – 9:30pm	3651	\$50.00	\$60.00	<input type="checkbox"/>
	Thursday September 8, 2011	8:15 – 9:30pm				
	Saturday September 10, 2011	7:45 – 9:00pm				
<b>Bantam Camp #2</b> <b>13 – 14 yrs</b>	Thursday September 8, 2011	8:00 – 9:15 pm	3652	\$50.00	\$60.00	<input type="checkbox"/>
	Saturday September 10, 2011	6:15 – 7:30pm				
	Sunday September 11, 2011	7:45 – 9:00pm				
<b>Bantam Camp #3</b> <b>13 – 14 yrs</b>	Monday September 12, 2011	8:30 – 9:45pm	3653	\$50.00	\$60.00	<input type="checkbox"/>
	Tuesday September 13, 2011	8:30 – 9:45pm				
	Thursday September 15, 2010	8:30 – 9:45pm				
<b>Midget Camp #1</b> <b>15 – 17 yrs</b>	Wednesday September 7, 2011	8:15 – 9:30pm	3654	\$50.00	\$60.00	<input type="checkbox"/>
	Friday September 9, 2011	9:00 – 10:15pm				
	Saturday September 10, 2011	7:00 – 8:15pm				
<b>Midget Camp #2</b> <b>15 – 17 yrs</b>	Wednesday September 7, 2011	8:00 – 9:15pm	3655	\$50.00	\$60.00	<input type="checkbox"/>
	Saturday September 10, 2011	8:30 – 9:45pm				
	Monday September 12, 2011	9:00 – 10:15pm				



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### Fall Session

NAME OF PARTICIPANT: \_\_\_\_\_ HOCKEY TEAM LEVEL: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_  
(if under 18 yrs)

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (B) \_\_\_\_\_ ALBERTA HEALTH CARE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

COMMUNITY MEMBERSHIP CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
(if paying by credit card)

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF: \_\_\_\_\_

#### Participation Waiver:

Every reasonable precaution has been taken to ensure the safety of the event and the participants. I understand that there are inherent physical risks associated with the sport of hockey. I, on behalf of myself, my child, my heirs, successors and assigns, assume all risks and hazards incidental to the conduct of the activity, also transportation to and from the activity, and any medical costs that may arise with respect to my participation. I do further hereby release, indemnify and hold blameless the South Fish Creek Recreation Association, Midnapore/Shaw Meadows Minor Hockey, the employees, sponsors, instructors and supervisors of the Association(s).

- 1) From time to time South Fish Creek Recreation Association will take photos of program participants for marketing purposes. If you **DO NOT** wish to have your photo or that of your child's published please indicate by checking the following box otherwise, South Fish Creek Recreation Association will assume consent.  No, I do not give permission.
- 2) South Fish Creek Recreation Association reserves the right to cancel these programs and issue a full refund if there is insufficient registration by the registration deadline.
- 3) Registration forms will be accepted on a first come first served basis. You will be contacted if your first session choice is unavailable. Members include SFCRA Founding Members, as well as card holding members of the following communities: Evergreen/Shawnee, Midnapore, Sundance, Millrise, Shawnessy & Lake Chaparral.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand and agree to abide by the above rules. If I do not abide by the rules, I understand that I may be removed from the program without a full refund.