**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLAYER’S NAME: | | | | |  | | | | | | | | | | | | | |
| ADDRESS: | | |  | | | | | | | | | | | | | UNIT: |  | |
| CITY: |  | | | | | | PROVINCE: | | |  | | | | POSTAL CODE: | | |  | |
| PHONE 1: | | | | ( ) | | PHONE 2: | | | ( ) | | | BIRTH DATE: | | | YYYY/MM/DD | | AGE: |  |
| EMAIL: | |  | | | | | | | | | | | | | | | | |
| MEDICAL CONDITIONS: | | | | | |  | | | | | | | | | | | | |
| TEAM: | |  | | | | | | POSITION: | | |  | | LEVEL: | |  | | | |
| REGISTERED WITH LORNE PARK CLARKSON HOCKEY ASSOC.: | | | | | | | | | | | | | | | * **YES** * **NO** | | | |

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Please indicate which preseason camp you would like to register for with a or a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Regular Fee** | **Level** | **Tuesday**  **September 4th** | **Wednesday**  **September 5th** | **Thursday**  **September 6th** |
|  | **$70** | Minor Novice  Novice | 6:15pm - 7:05pm | 6:15pm - 7:05pm | 6:15pm - 7:05pm |
|  | **$70** | Minor Atom  Atom | 7:15pm - 8:05pm | 7:15pm - 8:05pm | 7:15pm - 8:05pm |
|  | **$70** | Minor Peewee  Peewee | 8:15pm - 9:05pm | 8:15pm - 9:05pm | 8:15pm - 9:05pm |
|  |  | **RINK** | **Cawthra Arena** | **Cawthra Arena** | **Cawthra Arena** |

**METHOD OF PAYMENT**

Interac \* Credit Card

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Credit Card Type: |  | Number: |  | Expiry: | YYYY/MM |

\* For Interac e-Transfers, please email relevant information to registrar@lpcha.ca

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian Name: |  | | | |
| Parent/Guardian Signature: | |  | Date: |  |

**PLEASE SEND COMPLETED REGISTRATION FORM TO registrar@lpcha.ca**