**2019 PRESEASON CAMP 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

**WEEK ONE CAMPS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check one** |  | **Mon Aug 26** | **Tues Aug 27** | **Wed Aug 28** | **Thurs Aug 29** |
| * $80 | Learn to Skate  (ages 4-7 years) | 6:15 to 7:05 pm | 6:15 to 7:05 PM | 6:15 to 7:05 PM | 6:15 to 7:05 PM |
| * $80 | Power Skating  (ages 7-10 years) | 7:15 to 8:05 pm | 7:15 to 8:05 pm | 7:15 to 8:05 pm | 7:15 to 8:05 pm |
| * $80 | Power Skating  (ages 11-15 years) | 8:15 to 9:05 pm | 8:15 to 9:05 pm | 8:15 to 9:05 pm | 8:15 to 9:05 pm |

**WEEK TWO CAMPS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check one** |  | **Tues Sept 3** | **Wed Sept 4** | **Thurs Sept 5** |
| * $60 | Skill Building Camp  (ages 4-6 years) | 5:15 to 6:05 pm | 5:15 to 6:05 PM | 5:15 to 6:05 PM |
| * $60 | Skill Building Camp  (ages 7-9 years) | 6:15 to 7:05 pm | 6:15 to 7:05 pm | 6:15 to 7:05 pm |
| * $60 | Skill Building Camp  (ages 10-11 years) | 7:15 to 8:05 pm | 7:15 to 8:05 pm | 7:15 to 8:05 pm |
| * $60 | Skill Building Camp  (ages 12-15 years) | 8:15 to 9:05 pm | 8:15 to 9:05 pm | 8:15 to 9:05 pm |

|  |  |  |
| --- | --- | --- |
| Payment type | * Interac | * Credit Card |
| Credit Card type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Card 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**