

NEILSON ATHLETICS

PROGRAM APPLICATION FORM 2008



Mini 3 vs 3 Initiation Defense Clinic Junior Development
Semi-Private On Ice Private On-Ice Intensive Program Dry Land

Cost of Program _____ + 5% GST = _____ Start Time/Date: _____

Defense Forward Goalie Current Level of Play (H.L., AA, etc) _____

Name _____ M F Birth Date (D/M/Y) _____

Address _____ City _____ Postal Code _____

Phone (Home) (_____) _____ Email _____

IN CASE OF EMERGENCY

Contact Name _____ Phone Number (_____) _____

Health Card Number _____

State any medical conditions, allergies, or other health concerns _____

Payment Policies

1. A cheque or cash covering full amount
2. A completed application form with payment
3. There will be a \$25.00 fee for NSF cheques
4. All registration fees are non-refundable after the first session

Conditions of Enrollment

The Director reserves the right to dismiss a registrant who, in his opinion is a hazard to the safety or rights of others, or who appears to have rejected the reasonable controls of Neilson Athletics. Every precaution is taken for the safety and good health of our guests, but in the event of accident or sickness, the director and his staff and the employees of facilities outside of Teen Ranch are hereby released from any liability.

ONTARIO HEATH INSURANCE OR EQUIVALENT must cover each person registered. In the event that a registrant requires special medication, x-ray or other treatment that is beyond that which is possible with Neilson Athletics, the parent/guardian/registrant will be charged the additional expense of emergency care. In case of surgical emergency, I hereby give my permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on the application.

I have read the application form and I accept conditions herein described.

I acknowledge and agree that breach of any of the said conditions may result in the termination of this application. I further agree that I am personally responsible for, and obligated to pay the registration fee to Neilson Athletics in accordance to with said agreement.

Signature (Parent/Guardian)

Date

FOR OFFICE USE ONLY

Chq. # _____ Amt. of Chq. _____ Receipt # _____

Cash \$ _____ Registrar's Initials _____