



Registration Form August 12-16, 2019 Castle Downs Arena

Please complete a separate form for each participant. Registrations are conducted on a first come basis and space is limited. If you have any questions regarding this form, please contact us at info@jasonstrudwick.com. Please Refer to the Schedule page for your daily 2 hour camp times which will be posted approx. 2 weeks prior to the camp.

We offer electronically accepted e-transfer payments accompanied with a completed, signed registrations form, OR please print out, complete the registration form along with your payment, and remit to:

Jason Strudwick Defensive Camp
Box #365, 9768 - 170 Street
Edmonton, Alberta T5T 5L4
e-mail: info@jasonstrudwick.com

Please Print Clearly

Participant Information

First Name [] Last Name []

Address Street [] City [] Province [] Postal Code []

Home Phone number [] Emergency Contact Name / Relationship [] Emergency Phone (ext.) []

Birth Date [] day / month / year [] Male [] Female [] Position: Forward [] Defenceman []

Category: Atom [] OR Peewee []

Please register in the age category you will be playing in the upcoming season.

Level of Play: [] Intermediate (Tier 4 & down) OR [] Advanced (Tier 3 & up including AA, AAA)

Medical History: Please indicate any medical conditions, concerns, allergies, or injuries which may affect Participants ability to participate.

Please indicate any Special Requests []

Parent / Guardian Information

First Name [] Last Name []

Address: If different then above Street [] City [] Province [] Postal Code []

Home Phone # [] Cell # [] Work # [] (ext.) []

e-mail address [] 2nd e-mail address []

Camp Information

Please note: This is a day time camp. Please arrive ½ hour early and be ready to go on ice 10 min. prior to your ice time.

Please check appropriate box that applies to your son/daughter. Please Indicate Jersey Size.

Atom Atom Jersey Size (Youth) M / L / XL

Peewee Peewee Jersey Size (Adult) SM / M / L / XL

The camp times and groups will be posted on the website www.jasonstrudwick.com schedule page and may change based on registrations. Please check schedules for updated changes prior to arriving.

I am enclosing my registration form and cheque for \$ 450.00 for the Summer Camp August 12 - 16, 2019 Cheque # _____

I am electronically e-mailing my Payment of \$ 450.00 and completed registration form for the Summer Camp Aug 12-16, 2019.

Waiver

In consideration of Jason Strudwick Defensive Camp and programs accepting _____ (Participant) in their camps and programs, I, _____ (Parent/Guardian) hereby for myself, my heirs, executors, administrators and assigns forever release and discharge Jason Strudwick, Jason Strudwick Defensive camps and programs, their instructors, administrators, executives, officers, officials, agents, sponsors, service providers, employees and volunteers from any claims, demands, acts, failure to act incident, accident, misconduct, occurrence or happening, actions, causes of actions, costs (including solicitor clients costs on full indemnity basis) proceedings arising from any losses, damage or injury however caused while affiliated, attending and participating in the Jason Strudwick Defensive Camps and programs.

All property of whatever nature or kind brought to the arena / camps, shall be brought by sole risk of the participant. The camp makes no representation or warranty to the participant concerning liability, loss, theft, or damage to such property prior, during or after the camp.

All participants **must** wear full protective regulated hockey equipment.

All participants must bring appropriate clothing when applicable for outdoor or indoor off ice training.

Participants will be aware of the conduct, and will conduct themselves accordingly. The camp and any associates of the camp reserves the right to remove any participant from any participation in the camp, or any part of the camp, if the participant is unbecoming before, during or after the camp.

Jason Strudwick defensive camps have right to cancel any camp sessions if advised or otherwise, and if the situation is not in the best interest of the participant or the camp.

That to the best of my knowledge, the participant’s physical condition will enable him/her to participate in the Jason Strudwick Defensive camp. That I have disclosed any medical history that may affect the participant’s ability to participate.

That all insurance including medical insurance is the responsibility of the participant and /or parent/guardian of the participant.

I agree to be put on an electronic list for future camp notices and information.

I agree that videos and taking notes during instruction of the camps are prohibited. I also agree to release any photos or videos taken by the camp for promotional purposes. Any Participant wanting photos with Jason for their own personal use is permitted. .

The camp reserves the right to reassign the participant into different groups, times or facilities as deemed necessary.

ASSUMPTION OF RISKS

In consideration of Jason Strudwick Defensive Camps and programs, I hereby acknowledge that I and my child are aware of the physical risks associated with dry training and the sport of hockey, and hereby, Consent, Assume, and Accept full responsibilities of these risks including but not limited to: muscular injuries, bruises, cuts, sprains, dislocations, injuries or breaks to bones or joints, and head, facial or dental injuries which may result from any participation or from other participants. Any injuries on or off the ice from falling, tripping, colliding with other participants, getting hit with pucks / sticks, or any other risks associated with hockey and hockey camps.

REFUNDS

There will be no refunds or credits given for full or prorated sessions. Any NSF cheques will be subject to a \$50.00 fee.

Acknowledgement

I acknowledge that I have read, understand, and agree with the terms and conditions of this agreement , that I have executed this agreement voluntarily, and that this agreement will be binding upon me, my heirs, executors, administrators and representatives.

Signed this _____ day of _____, 20____ .

Signature of Parent or Guardian

Signature of Participant (optional, if under 18)