



## STAN KEON'S HOCKEY SCHOOL APPLICATION

<b>Name:</b>	<b>Age on Dec 31/12:</b>
<b>Street/Rural</b>	<b>City/Town</b>
<b>Province</b>	<b>Postal Code</b>
<b>Telephone:</b>	<b>Email:</b>
<b>Location: Please check your location and group</b>	
Petawawa   GRP A   GRP B   GRP C	Cobden   GRP A   GRP B   GRP C
Registration Fee: \$170.00 single and \$160.00 for each additional family member (HST included). <ul style="list-style-type: none"> <li>CFB Petawawa CAC members receive a 10% discount.</li> <li>There is a \$25.00 cancellation fee.</li> <li>Post dated cheques must be dated no later than one (1) week before the beginning of the program.</li> </ul>	Please note: You will be notified of your placement in the week preceding the beginning of the school. If you are not accepted, you will be notified immediately.

**WAIVER CLAIM:**

Acknowledging that ice-hockey and ringette are contact sports, I agree that the hockey school, its agents, servants and employees shall not be liable to me/my child for any injury or damage, howsoever caused, resulting directly from me/my child's participation in ice skating and ice-hockey, whether incurred on the ice or otherwise in or about the buildings at any time preceding, during or subsequent to the delivery of the instructional program and I hereby discharge the hockey school, its agents, servants and employees from all actions. Claims and demands I (my child) may have for any such injury and damage.

Signature: \_\_\_\_\_

**METHOD OF PAYMENT:**

*All payments must be received in full by final registration date.*  
 Cheques or money orders should be made payable to:  
**Astrolabe Sports & Fitness Consultants Ltd.**  
 90 Main Street, Box 16,  
 Cobden, ON K0J 1K0

**Health: (Check all that apply)**

Allergies   
  Asthma   
  Epilepsy   
  Diabetes

Other: \_\_\_\_\_

Applicants should indicate any former injuries, illness or allergies which may be affected by participation in this program. Please include with this application a medical certificate or sign the waiver form below.

I hereby choose not to submit a medical as to the best of my knowledge my child/I \_\_\_\_\_ is/am in good physical condition, and I agree to assume full responsibility for any health problems or injuries incurred during the program.

\_\_\_\_\_  
 Signature of parent/guardian.

**CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_