



MPD PLAYER REGISTRATION PROFILE



First Name:			Last Name:		
Parents Names	Father		Mother		
Address 1:					
City:					
Province/State/Country:			Postal/Zip Code:		
Telephone Numbers	H:	C:		Fax:	
E-Mail Address:					
Date of Birth: dd/mm/yy					
Medical/Health History:					
Medical No :					
Emergency Contact Name & Relationship					
Emergency Telephone					
Experience / Level	Level H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> Atom <input type="checkbox"/> PeeWee <input type="checkbox"/> Bantam <input type="checkbox"/> Rep <input type="checkbox"/> or "C" Teams <input type="checkbox"/>				
Association / Team					

PROGRAMS

HOCKEY DEVELOPMENT PROGRAMS @ MHTC, LANGLEY, BC

- Session 1 Sundays Mar 7 ** – Apr 11, 2010
 Session 2 Sundays Apr 18 ** – May 23, 2010
 Session 2 Sundays May 30 ** – July 4, 2010



Group 1 Hockey 1 – 3 <input type="checkbox"/> Sunday @ 1:00 – 2:00pm \$200* 8 Players	Group 2 H4 - Atom <input type="checkbox"/> Sunday @ 2:00 – 3:00pm \$225* 6 Players
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Group 3 PeeWee - Bantam <input type="checkbox"/> Sunday @ 3:00 – 4:00pm \$250* 4 Players

LEARN TO SHOOT AND SCORE (Synthetic Ice Program) Starting March 9 & 11

Group 1 Hockey 1 – 3 <input type="checkbox"/> Tuesday @ 5:45 – 6:45pm \$100* <input type="checkbox"/> Thursday @ 5:45 – 6:45pm 10 Players	Group 2 H4 - PeeWee <input type="checkbox"/> Tuesday @ 6:45 – 7:45pm \$120* <input type="checkbox"/> Thursday @ 6:45 – 7:45pm 8 Players
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PAYMENT METHOD Cheque Cash **ONLY**

Please Make Cheques Payable to MAGIC HOCKEY

(Programs must be PAID in FULL PRIOR to First Session)

* Prices include gst until June 30, 2010

** Please review our Policies and Procedures

*** Subject to Change based on Registration Numbers

RELEASE

I understand that I/my ward agree MAGIC HOCKEY, it's instructors, the hockey complex and its employees will not be liable or held responsible for any accident or loss however caused and agree to release all mentioned parties from all claims and damages I further verify that I/my child/my ward has no medical, dental or insurance claims resulting from injury. MAGIC HOCKEY reserves the right to use any pictures during the sessions for advertising and / or instructional purposes.

Yes, I agree to the terms of the release and indemnification:

Signed this _____ day of _____, 20__

Signature of Participant (If of Age) _____

Please print name clearly _____

Signature of parent / guardian _____