Balmoral Hall School
Academy of Excellence

HOCKEY ACADEMY

REGISTRATION SPRING 2010

PERSONAL INFORMATION

PLAYER NAME: _____ _____
Last First

PARENT/GUARDIAN NAME: _____ HOME PHONE: (____) _____

PREFERRED EMAIL: _____ ALTERNATE PHONE: (____) _____

ADDRESS: _____ CITY: _____ POSTAL: _____

BIRTHDATE: (mm/dd/yyyy) _____ MEDICAL NUMBER: _____

PLAYER PROFILE

TEAM '09-'10: _____ LEVEL (AA, A1, etc.): _____ POSITION: _____

PARENTAL CONSENT, WAIVER OF RESPONSIBILITY AND RELEASE

IN CONSIDERATION OF THE ACADEMY OF EXCELLENCE BLAZERS HOCKEY ACADEMY accepting the above named player as a student in the hockey academy:
IT IS AGREED that the Hockey Academy, Balmoral Hall School and Dakota Community Centre are hereby released from any and all demands, claims, damages, suits, causes of action, liabilities and expenses. IT IS AGREED that all risks, including all legal risks, relating to participating in the Hockey Academy are assumed without limitation by the undersigned and that this assumption of risk and release acknowledged, approved and agreed to by the undersigned as indicated by their signatures hereto.

Parent/Guardian Signature: _____ Date: _____

PAYMENT INSTRUCTIONS

PLEASE CIRCLE: Cheque, Visa, Mastercard, AMEX

Card #: _____

Expiry Date: _____

Name on Card: _____

Signature: _____

* All Cheques made payable to Balmoral Hall School
* Please mail to address listed below

PROGRAM SELECTION

- ❒ GOLD STRENGTH ON SKILLS
- ❒ GREEN $258.30

- ❒ GOLD PROVINCIAL ELITE
- ❒ GREEN $393.75

* G.S.T. and Gift included
* Exceptions can be made and Balmoral Hall school reserves the right to place players in a more appropriate group

Balmoral Hall School
C/O Steven Macdonald
630 Westminster Avenue
Winnipeg, MB, Canada * R3C 3S1
Phone: (204) 784-1600 x620
Fax: (204) 774-5534
Or
visit our website at: Balmoralhall.com

BH BLAZERS

REFUND POLICY

Refunds will be honored up to March 1st,2010 unless accompanied by a Doctors certificate and are subject to a 25% administration charge.

MEDICAL INSURANCE

Each student is required to have her own health and accident insurance policy. Please provide your medical number in the application.