

Registration Form: *September Sessions*

Please **PRINT CLEARLY** and ensure contact information is **CORRECT**.
Email will be the only method used to communicate with participants.

Discount of 10% available for 2nd child registered from the same family.
Complete the 2nd Child section (below) only if this participant is the second child registering from the same family.

1st child (full price)

Registration paid by: cheque
 cash
 e-transfer

Name..... Age

Telephone: (705)

Email:

Check the box next to the session you are registering for:

- | | | |
|---|--------------|--------------------|
| <input type="checkbox"/> Tyke/Novice | \$180 | |
| <input type="checkbox"/> Atom/PeeWee Session 1 | \$250 | Amount paid |
| <input type="checkbox"/> Atom/PeeWee Session 2 | \$250 | |
| <input type="checkbox"/> Bantam/Midget | \$120 | \$..... |

2nd child (10% off full price)

Registration paid by: cheque
 cash
 e-transfer

Name..... Age

Telephone: (705)

Email:

Check the box next to the session you are registering for:

- | | | |
|---|--------------|--------------------|
| <input type="checkbox"/> Tyke/Novice | \$162 | |
| <input type="checkbox"/> Atom/PeeWee Session 1 | \$225 | Amount paid |
| <input type="checkbox"/> Atom/PeeWee Session 2 | \$225 | |
| <input type="checkbox"/> Bantam/Midget | \$108 | \$..... |

Payment Options if not paying in person. Receipts will be issued for each payment option.

E-transfer: mmsphockey@gmail.com **Subject line:** September Sessions Print and complete this Registration Form, take a photo, and email to mmsphockey@gmail.com

Cheque: Print and complete this registration form. Mail form and cheque to: 1134 -10 Premier Road, North Bay, ON P1A 2J4 DO NOT SEND CASH IN THE MAIL

Liability Waiver for 2020 September Sessions

As Parent/Guardian for the above listed participant(s), I hereby release Daniel Selin, the instructors, and all staff from any possible claims, liabilities, obligations, or responsibilities arising from any and all accidents, injuries, or loss of equipment, whether incurred on-ice or off-ice, hockey-related or not, while participating in MMSP Hockey School. I further certify that the participant(s) is in good health and capable of participating in physical activities of a vigorous athletic agenda.

Parent / Guardian (print name) :

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Signature:

Tel (705) Date

Email address: