

Registration Form

All sessions instructed by **Dan Selin**
(Canada's most senior hockey skills instructor),

To register, complete this form, scan or photograph, and e-mail to: danselinhockey@gmail.com
You can also call 705 471 6604, or visit www.hockeycpn.com to register.

NOTE: E-mail will be the only method used to communicate with participants.

Please **PRINT CLEARLY** and ensure contact information is **CORRECT**.

1st child **\$250**

Registration paid by: cash
 e-transfer

Name.....

Telephone: (705) Age

Fill-in the box next to the session you are registering for:

Session 1

Mon July 29 - Thu Aug 1

- U20 8:15 - 9:45 am
 U11 9:45 - 11:15 am

Session 2

Tue Aug 6 - Fri Aug 9

- U15 11:00 am - 12:30 pm
 U9 12:30 - 2:00 pm

Session 3

Mon Aug 12 - Thu Aug 15

- U15 9:00 am - 10:30 pm
 U13 10:30 am - 12:00 pm

Session 4

Mon Aug 19 - Thu Aug 22

- U11 1:30 - 3:00 pm
 U9 3:00 - 4:30 pm

Session 5

Mon Aug 26 - Thu Aug 29

- U11 1:30 - 3:00 pm
 4-7 yrs 3:00 - 4:30 pm

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.

2nd child (10% off full price) **\$225**

Registration paid by: cash
 e-transfer

Name.....

Telephone: (705) Age

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 4-7 yrs 3:00 - 4:30 pm

Total amount paid

\$.....

Payment in cash or e-transfer to: danselinhockey@gmail.com

Full Payment \$250.00 • 2nd child Payment \$225.00

Payment due at time of registration

E-transfer: danselinhockey@gmail.com **Subject line:** Summer2024 Hockey School. Print and complete this Registration Form, take a photo, and e-mail to danselinhockey@gmail.com

Liability Waiver

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 Dan Selin's Hockey Instructional Sessions. 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):

.....

Signature:

Tel (705) Date

E-mail address:

