

Dryden Recreation Complex

DRYDEN HOCKEY SCHOOL REGISTRATION FORM
AUGUST 23 - 27, 2010

Personal Information

Name: Birthdate: Address: Gender: F M Phone: Email: Youth Jersey: S M L Adult Jersey: S M L

Emergency Contact Information

Name: Relationship: Email: Phone: Cell: Alt Phone:

Does your child have allergies or medical concerns we need to be aware of?

Blank lines for medical/allergy information.

Table with 3 columns: Clinic, Ages, Cost. Rows include Day Camp 1, Day Camp 2, Rookie Camp, Conditioning Camp, and Goalie Camp.

* Goalies who register for Day Camp are automatically registered in Goalie Camp at no additional cost.

Total Amount Paid: Payment Method: Payment Date: Staff Initial:

OF NOTE: Personal information is protected under the Municipal Freedom of Information and Protection of Privacy Act, 1989.

WAIVER MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED: In the consideration of the acceptance of my application...

Name: Signature: Date: