

**LUMBERJACKS SUMMER HOCKEY SCHOOL**  
**Registration Form**

Player's Name: \_\_\_\_\_ Date of Birth(d/m/y): \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registering for:

IP \_\_\_\_\_ Novice \_\_\_\_\_ Atom \_\_\_\_\_ PeeWee \_\_\_\_\_ Bantam \_\_\_\_\_

Is your child a goalie? \_\_\_\_\_

**Medical Information**

Player's Nova Scotia Health Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency phone number/name (other than the above): \_\_\_\_\_  
\_\_\_\_\_

Does this player have any medical problems or conditions of which we should be aware of (i.e. allergies, medication requirements, on-going medical condition)? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain, if necessary

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the coaching staff in my absence to give permission for whatever emergency medical treatment may be deemed necessary by an attending medical doctor in the treatment of my child,

\_\_\_\_\_.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Application accompanied with payment is the only way to assure a spot in the school. **ALL REGISTRATION FORM! AND PAYMENT (cash, cheque or credit card) MUST BE RECEIVED ON OR BEFORE JULY 31, 2010.**

PLEASE MAKE CHEQUE(S) PAYABLE TO: LUMBERJACKS JUNIOR A HOCKEY.

MAIL APPLICATION WITH CHEQUE(S) TO: 137 Mayfair Drive  
Bridgewater, N. S. B4V 8W2

Or register in person at the Bridgewater Memorial Arena, June 12<sup>th</sup>, 2010, 9:00 a.m. – 11:00 a.m. or at Boston Pizza July 7<sup>th</sup>, 2010, 6:00 p.m. – 8:00 p.m.