



Name of Camp \_\_\_\_\_

Inclusive Dates \_\_\_\_\_

## PLAYER INFORMATION

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Birth date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Jersey Size \_\_\_\_\_

Hockey level you currently play at \_\_\_\_\_

## MAILING ADDRESS

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Mother / Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father / Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## HEALTH INFORMATION

SK Health Card Number \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Previous Injuries /  
Allergies /  
Health Concerns \_\_\_\_\_

## PAYMENT OPTIONS

**Cheque**

Registration forms/cheques can be  
Mailed or dropped off to:  
**114 Mendel Crescent, Saskatoon, SK, S7J 5J7**

**e-Transfer / Credit Card (2% charge added to cc payments)**

Please contact Joanne Chartier at:  
seriousacademyofhockey@gmail.com  
**To submit e-Transfer or Credit Card details.**