



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

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