Name of Camp Winter Breakfast Club (U7-U9)

Inclusive Dates Jan 9-March 5, 2024 (Excluding Feb 20)

Print form

This form can be downloaded and saved as a pdf file.

PLAYER INFORMATION

Last Name _____ Given Name _____ Birth date _____

Height N/A Weight N/A Jersey Size N/A

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

☐ **e-Transfer**

Please submit e-Transfer details to:
seriousacademyofhockey@gmail.com

☐ **Cheque**

Cheques can be mailed or dropped off to:
114 Mendel Crescent, Saskatoon, SK, S7J 5J7

Please email completed registration forms to seriousacademyofhockey@gmail.com