



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

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

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

### 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

**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**