Name of Camp Power Skating and Conditioning-Summe

Print form

Inclusive Dates August 10th-14th, 2026

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**