



Name of Camp Fall Developing Defense

[Print form](#)

Inclusive Dates October 29th-December 17th, 2026

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

PLAYER INFORMATION

Last Name _____ Given Name _____ Birth date _____
Height _____ Weight _____ 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