



## 2019 Daniels Hockey Registration Form

6 Week Elite Skills and Conditioning Camp  
Olympia Ice Center West Springfield, MA

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Circle: M or F Home phone # \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

Player's current team: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

USA Hockey Member? \_\_\_\_\_ USA Hockey Membership # \_\_\_\_\_

**Dates: Tuesday & Thursdays June 25 & 27 July 2, 9, 11, 16, 18, 23, 25, 30 Aug 1**

Check age group:

**Squirt & Pee Wee 6:00 – 7:00 pm**

**Bantam, Midget, Prep/Jrs. 7:10 – 8:10 pm**

Cost of camp: \$399 Deposit of \$100 due with registration form (Deposit will be non-refundable after 5/1/19)  
Balance of \$299 due 6/14/2019 Make payment to: Daniels Hockey

Full payment of \$399 can be made on DanielsHockey.com for your convenience under clinics tab and your form can be emailed to DanielsHockey2@gmail.com or mail your registration form and payment to:  
Daniels Hockey 36 Deer Run Southwick, MA 01077

Instructor: Scott Daniels

Guest Instructors: Sydney Daniels & TBA

Questions: Call or text 413-427-3388 Lynn Email: DanielsHockey2@gmail.com Website: DanielsHockey.com

### **Please read carefully and sign:**

The applicant agrees that DanielsHockey Camp and the entire staff of instructors, and /or proprietors, facilities and grounds will not be held responsible for any accident, injury or loss however caused and agrees to release the proprietors from all claims which may arise as a result, or by reason of such accidents or loss and are fully aware. Daniels Hockey Camp collects your personal information in order to register your child for this camp and to provide you with additional information about the event itself. Your information is used only for this sole purpose and will not be shared with anyone.

I, \_\_\_\_\_ hereby accept the terms of this application and registration and hereby release, remise, and forever discharge DanielsHockey Camp, staff and its director or agents and all persons associated with its firm any and all liability whatsoever or responsibility whatsoever for accidents or injuries whether fatal or otherwise which may occur incidentally to or arising directly or indirectly out of the DanielsHockey Camp. This is also written permission to have myself or my child admitted and attended to for medical treatment in case of sickness or injury. This release shall be binding on the participants, heirs, assign, executors and administrators.

Signature of Parent or Guardian or athlete over 18 years:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_