



2019 Daniels Hockey Camp Registration Form

Jemini Arena, Saskatoon Saskatchewan
July 22 – 25, 2019

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 During Camp Hours: Name: _____ Phone # _____
Sask. Health Card # _____

Does the participant have any medical conditions that the Daniels Hockey Camp must be made aware of?

Date: July 22-25, 2019 (Monday – Thursday)

Time: 10:00am – 3:00pm

Location: Jemini Arena 2301 Grasswood Rd. Saskatoon, Saskatchewan

Cost: \$285.00 Payment in full must be received by Friday, July 5, 2019

Mail or Email transfer a deposit of \$100 to hold your spot with registration form.

Space is limited in this camp!

Check your players age group: Age 5-10 _____ Age: 11-16 _____

Jersey size---please circle: Youth: S/M L/XL Adult: Small Medium Large XL XXL

Your instructors:

Scott Daniels, former NHLer , Coach & Scout

Sydney Daniels, Harvard Hockey Alumni & Current Harvard Women's Hockey Assistant Coach

Guest instructors TBA

Questions about the camp? Text or call Kurt @ 306-380-8066 or Lynn @ 413-427-3388
or email DanielsHockey2@gmail.com

Mail your registration forms and payment to:

Sydney Daniels 319 Rutherford Crescent Saskatoon, Saskatchewan S7N 4X5

Make the check payable to: **Sydney Daniels**

or email transfer payment & forms to: **DanielsHockey2@gmail.com**

*Space is limited in this camp. There will be no pro-rated discounts for days missed. Absolutely no refunds after July 5th.

What to bring to camp: Full hockey equipment including neck guard/mouth guard. All skaters must wear masks. Hockey stick, clothing to do dryland training and sneakers. There will be a lunch break between sessions. Lunch will not be provided. Lunch is available to purchase for an additional fee at concession stand.

Features of this hockey camp: Confidence building, skills development, skating drills, dryland training, puck handling & shooting. Each day will consist of 2 ice sessions and 2 dryland training sessions.

Please read carefully and sign:

The applicant agrees that Daniels Hockey 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. I agree to use the use of any pictures or video taken at the camp for use by the Daniels Hockey Camp for marketing or promotion without reimbursement. We reserve the right to request any applicant to withdraw from the camp prior to its termination if we feel the participant is not acting in a responsible and respectable matter. Each participant must understand that this is a camp and not a tryout, showcase, or audition for any future Daniels Hockey Camp advertising, commercials, brochure distribution in the future. All players must wear certified hockey equipment, including a certified hockey facemask.

Registration information:

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. Daniels Hockey Camp Staff would like to take photos of the participants and ask athletes for quotes regarding their experience. The photos and quotes will be utilized both on danielshockey.com and Daniels Hockey Camp Facebook page to promote information about the camp itself. If you wish to opt out of the pictures and quotes related to the event, then please notify the registration desk before your child is allowed on the ice.

I, _____ hereby accept the terms of this application and registration and hereby release, remise, and forever discharge Daniels Hockey 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 Daniels Hockey Camp. This is also written permission to have my child admitted and attended to for medical or dental 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: _____