**4LIFE FITNESS**

**2023 HOCKEY CLINIC**

REGISTRATION FORM

**PROGRAM DESCRIPTION**

The 2023 4L hockey clinic will consist of three 2-hour sessions and will focus on fine-turning skills including skating, agility, edge work, transitions, puck control, shooting and scoring.

**Pricing/Package Options**

* Full Clinic (3 x 2h sessions): $150+tax (members) | $200+tax (non-members), or
* Individual Session(s): $75+tax/session (members) | $100+tax/session (non-members)

**Dates:**

Session 1 – May 21, 10am-12pm | Session 2 – July 23, 10am-12pm | Session 3 – July 30, 10am-12pm

**Location:** Kemptville Arena

**ATHLETE AND PRIMARY CONTACT INFORMATION**

Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Club (as applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (circle one): **Youth:** SM MED LG or**Adult:** SM MED LG

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact **(circle one):** **Home Phone** **Cell Phone**  **Email**

# EMERGENCY CONTACTS (please provide two additional persons, separate from the parent/guardian listed above)

First Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

Second Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

**EXPERIENCE**

Please briefly describe hockey/training related experience.

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**SAFETY INFORMATION**

Please list any medical conditions or special needs that the coaches should be aware of.

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**EMERGENCY AUTHORIZATION**

I, the athlete and the undersigned parent or guardian of the above named individual, acknowledge that participation in the 4Life Hockey Clinic involves risk of physical injury. By signing this waiver form, we hereby agree that the 4Life Hockey Clinic will not be responsible for any injury the player may sustain during participation of training and/or games/events. In doing so, I hereby release claims, actions legal or otherwise, demands, compensation, expenses, for damages to self or property that may arise in connection with services received from the 4Life Hockey Clinic training program and/or its associated coaches, sponsors and volunteers.

I give my permission for free use of my child’s name and picture in any/all media or written accounts of any game and or events related to the 4Life Hockey Clinic.

**Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**