



## *Titan Hockey School Registration Form 2019*

I am registering for the Titan Hockey School to be held at the

K.C Irving Regional Centre

Monday, August 5<sup>st</sup> through Friday August 9<sup>th</sup> 2019, at a total cost of \$350.00 per child.

*Please Mail or Email Registration Form to:*

**Titan Hockey School, 14 Sean Couturier Ave., Bathurst New Brunswick E2A 6X2 or  
email to: eneil29@msn.com or rp.richer@letitan.com**

Participants Name: \_\_\_\_\_ Gender: Male \_\_\_ Female: \_\_\_  
Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Year of Birth: \_\_\_\_\_ Division played in 2018 - 19 season: \_\_\_\_\_ Level: \_\_\_\_\_

Camp Jersey Size Required: Youth S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_  
Adult S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Health Insurance Number: \_\_\_\_\_

Please list any ***Physical or Medical Conditions or Allergies*** participant lives with which you believe we should be aware of before they begin our program. \_\_\_\_\_

The fee for the five day camp is \$350.00 per child **AND must be paid in full prior to the start of camp.**  
Cheques should be made payable to the ***Titan Foundation.***

Method of Payment: Cash \_\_\_\_\_ Cheque \_\_\_\_\_ MasterCard or VISA \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

***Release Form:*** I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ (the participant) release, discharge, indemnify, and hold harmless "Acadie-Bathurst Titan Major Junior Hockey Club", its directors, operators, instructors, servants and agents from all claims, demands or actions which the participant may have for any damages, loss or injuries resulting from the participant's involvement in the "Titan Hockey School", including all costs and expenses incurred in defending such claims, demands or actions.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed