

Cape Breton Screaming Eagles Major Junior Hockey Club
2019 Hockey School Registration Form

I am registering for "Cape Breton Screaming Eagles Major Junior Hockey Club"
Hockey School to be held at the
Membertou Wellness Center
Monday, August 5th through Friday August 9th 2019, at a total cost of \$450.00
(\$300.00 for Goaltenders)

Please Mail or Email Registration Form to:

CBSE Hockey School, PO Box 8, Sydney Nova Scotia B1P6G9
or email to: CBSEhockeyschool@gmail.com

Participants Name: _____ Gender: Male ___ Female: ___

Please check to indicate if the participant is a PLAYER: _____ or a GOALTENDER _____

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.

Payment: The fee for the five day camp is \$450.00 (\$300.00 for Goaltenders)
A \$100.00 NON REFUNDABLE DEPOSIT must accompany your registration form.

Payment can be made by CASH or through E-TRANSFER to CBSEhockeyschool@gmail.com

Release Form: I, _____, the parent or guardian of _____ (the participant) release, discharge, indemnify, and hold harmless "Cape Breton Screaming Eagles 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 "Goaltender Skills Development Clinics", including all costs and expenses incurred in defending such claims, demands or actions.

Signature of Parent or Guardian

Date Signed