



HSC & Hockey Skills

3820 & 3822 47 ave Camrose, Alberta, T4V 3W8 Phone: (780) 554-5674
Email: coach.hagel@hscandhockeyskills.com

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Medical Number: _____ Date of Birth: _____ (MM/DD/YYYY)

Level Played: _____

Hockey Association: _____

Allergies: _____

Emergency Contact:

NAME _____ RELATIONSHIP _____

PHONE _____

I agree that HSC and Hockey Skills, and/or its proprietors will not be held responsible for any accidents, injuries, illness or loss, however caused, and agree to release the proprietors from all claims or damages which may arise as a result of/or by reason of such accidents or loss. HSC and Hockey Skills reserves the right to use any pictures taken during the school for advertising and/or instructional purposes.

Parent/Guardian Signature (if student is under the age of 18): _____

Student's Signature: _____

Date: _____

Camp location: **HSC AND HOCKEY SKILLS . 3820 & 3822 47 ave Camrose, Alberta, T4V 3W8**