



# DAY CAMPS REGISTRATION FORM 2015

<b>SAVE PDF and E-MAIL or FAX completed form.</b> <b>ONLINE registration form available on our website.</b> <b style="color: red;">LIMITED SPOTS AVAILABLE</b>	<b>FOR OFFICE USE</b> Player ID #
44 Barr Crescent ★ Aurora, ON, Canada L4G 0C1 Phone: 905-750-0011 ★ Fax: 905-750-0022 E-mail: info@rogerneilsonshockey.com www.rogerneilsonshockey.com	<b>FIND US ON SOCIAL MEDIA</b> <a href="https://twitter.com/RNeilsonsHockey">Twitter.com/RNeilsonsHockey</a> <a href="https://facebook.com/RogerNeilsonsHockeyCamp">Facebook: RogerNeilsonsHockeyCamp</a>

CAMPER'S INFORMATION					
FIRST NAME	LAST NAME	DATE OF BIRTH MM / DD / YY	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
PRIMARY ADDRESS (where camper resides)		CITY	PROV / STATE	COUNTRY	POSTAL / ZIP CODE
HOME PHONE	FATHER CELL	MOTHER CELL		ALTERNATE # (cottage, etc.)	
PARENTS NAMES F: _____ M: _____		FATHER EMAIL		MOTHER EMAIL	
CUSTODY STATUS <input type="checkbox"/> JOINT <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER _____			EMERGENCY CONTACT	RELATION	HOME: CELL:

PLAYER PROFILE						
2014-15 TEAM (List 2015-16 team if known)		LEAGUE	SKILL LEVEL <input type="checkbox"/> INEXP. <input type="checkbox"/> HOUSE <input type="checkbox"/> REP/A <input type="checkbox"/> AA/AAA <input type="checkbox"/> OTHER			
PREFERRED POSITION <input type="checkbox"/> LW <input type="checkbox"/> C <input type="checkbox"/> RW <input type="checkbox"/> RD <input type="checkbox"/> LD <input type="checkbox"/> G		SHOT <input type="checkbox"/> L <input type="checkbox"/> R	HEIGHT (ie. 4', 3")	WEIGHT (ie. 85 lbs)	CURRENT SCHOOL	GRADE
<b>TEAMMATE REQUESTS:</b> RNHC attempts to honor all requests but reserves the right to assign campers in the best interest of the individual and the overall program.		REQUEST 1:	REQUEST 2:	REQUEST 3:		

## SELECT CAMP PROGRAMS AND EXTRAS BELOW:

DAY CAMP 1: JULY 6-10, 2015		
✓	SESSIONS	FEES
	LITTLE TYKES 1 (2009-11) *M-Th only	225
	GRASS ROOTS 1 (2003-09)	475
	ELITE PROGRAM 1 (2003-06)	525
	AFTER HOURS CARE 1 (2003-09)	75
	LUNCH PROGRAM 1 (per week)	50

DAY CAMP 2: AUGUST 3-7, 2015		
✓	SESSIONS	FEES
	LITTLE TYKES 2 (2009-11) *M-Th only	225
	GRASS ROOTS 2 (2003-09)	475
	ELITE PROGRAM 2 (2003-06)	525
	AFTER HOURS CARE 2 (2003-09)	75
	LUNCH PROGRAM 2 (per week)	50

COMBOS & EXTRAS		
✓	SESSIONS	FEES
	LITTLE TYKES 1 & 2 (2009-11)	425
	GRASS ROOTS 1 & 2 (2003-09)	895
	ELITE PROGRAM 1 & 2 (2003-06)	995
	CIT PROGRAM – 2 weeks (2000+)	650
	CIT LUNCH PROGRAM (2 weeks)	100

**'Early Bird' registration deadline is: March 15<sup>th</sup> (11:59 pm). Register and pay in full and save 5%.**

All prices listed in Canadian dollars. Tax (HST) of 13% will be added to all programs and incidentals.

Note: Day Camp programs do not include lunch. Lunch service may be added optionally (see above).

PAYMENT INFORMATION				TERMS & CONDITIONS	
<b>DEPOSITS:</b> A minimum deposit of \$250 per Day Camp week (Little Tykes payment in full) is required with application and is payable by <b>Cheque, Visa or MasterCard or E-mail Transfer</b> . Cheques should be made out to <b>Roger Neilson's Hockey Camp</b> . All Credit Cards will be billed in Canadian funds. Registrations will only be processed when a valid credit card number is provided OR cheque provided. After processing your registration, a confirmation and additional details will be sent via email (unless specifically requested otherwise). Contact the Camp Office for E-mail Transfer details.				There is a CANCELLATION FEE of \$250 per week cancelled before May 1, 2015. There are NO refunds after May 1, 2015 except for medical reasons. At the sole discretion of Roger Neilson's Hockey (and its representatives), cancellations may be given a credit towards a future Roger Neilson's program. Cancellations due to injury or medical reasons will require a Doctor's certificate at the request of Roger Neilson's Hockey – and the Medical cancellation fee (\$150) will be kept 'on account' for use in a future Roger Neilson's program. There are NO refunds or pro-rated discounts for conflicts, 'no shows' or missed practices or games (including suspensions) without prior written consent of the Roger Neilson's Hockey Director. The Camp Director reserves the right to dismiss a camper when it is determined to be in the best interests of the child and/or camp program. There are NO refunds for participants dismissed by the camp for behavioral reasons.	
<b>BALANCES DUE:</b> Balances owing on account are due May 1, 2015. Unless otherwise indicated by applicant, final payments will automatically be processed on the credit card provided on May 1, 2015 or soon thereafter. If registering after May 1st, full payment is required at time of registration. No personal cheques will be accepted past June 1, 2015. Money Orders or Certified Cheques are acceptable.				<b>Complete Terms &amp; Conditions</b> can be found via the Roger Neilson's website or by request. In signing this application, you are authorizing RNHC to use your child's photograph in publicity and news releases (including print and electronic advertising/media) at its discretion. You are also certifying that the applicant is in good physical and mental health and that you have read and understood the conditions of this application and agree to abide by the terms herein. Questions should be directed to the RNHC Director by phone or email.	
<input type="checkbox"/> CHARGE FULL	DEPOSIT TOTAL \$	PAYMENT TYPE <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> E-MAIL TRANSFER	<b>FINAL PAYMENTS ARE DUE MAY 1, 2015.</b>		
CARD NUMBER			EXPIRY DATE MM / YY		
CARD HOLDER		SIGNATURE		PARENT AUTHORIZATION SIGNATURE	DATE MM / DD / YY

**RETURN BY EMAIL OR FAX TO: 905-750-0022**