



South Simcoe
Hockey School

Building confidence on the ice...

2024 Summer Camp REGISTRATION FORM

Player Name: _____ Birth Date: _____

Circle One: Beginner, HL, AE, A, AA, AAA Address: _____

Phone Number: _____ Email Address: _____

Summer Camp Monday August 19th to Friday August 23rd

Full Day \$548.67 + HST (\$620.00)

Payment: \$ _____ Remaining Balance: \$ _____

A 50% deposit must be included with the registration form with the remainder of the payment due prior to the first day of the program chosen. Payments can be done by e-transfers.

By signing this registration form as the Parent/Legal Guardian of the above-named Player, I understand and agree that the proprietors, employees and instructors are not responsible for any injury, accident, loss or damage of any kind sustained by the above-named Player, any other player or any other person, in connection with South Simcoe Hockey School. I understand, appreciate and accept the risks associated with enrolling the Player in the hockey school and all related activities, and I agree to waive any claim and to release the proprietors, employees and instructors from all claims, losses, liabilities and damages, which may arise as a result.

The Parent/Legal Guardian named below acknowledges that they are aware of the national emergency caused by the COVID-19/Coronavirus pandemic and the evolving nature of the health crisis, including the danger of community spread and risks posed to the health of those who contract COVID-19 /Coronavirus. In a concerted effort to mitigate the effects of the Coronavirus outbreak the Parent/Legal Guardian represents and agrees to the following when on the grounds of the Facility:

- Parent/Legal Guardian will use their best efforts to minimize the health risk to themselves and to others in the Facility.
- Parent/Legal Guardian represents that they have not been in contact with someone who is suspected of having COVID-19/Coronavirus within the previous 14 days.
- Parent/Legal Guardian agrees to notify the management of the Facility if they become aware of information that poses to the Facility's operation a potential health danger previously unknown.
- Parent/Legal Guardian agrees in all respects to comply with the most current versions of the guidelines of the Public Health Agency of Canada (PHAC) and Ontario Ministry of Health (OMOH) when entering the Facility.
- Parent/Legal Guardian represents that they have read this acknowledgement in its entirety.

Assumption of Risk By signing this acknowledgment the Parent/Legal Guardian understands that Facility staff cannot guarantee that the Guest/Patron will not contract COVID-19/Coronavirus at the Facility, and each Guest/Patron fully assumes any and all risks posed to the Guest/Patron that may result from Guest/Patron entering the Facility.

Signature of Parent or Legal Guardian: _____

Print Name: _____ Date: _____

How did you hear about us?: _____

EMT deposit to: info@southsimcoehockey.com

South Simcoe Hockey School PO Box 7085 Innisfil ON. L9S 1A8 – (705) 252-3858

www.southsimcoehockey.com