

Excel Hockey School Application Form

Name:

Address:

City/Town:

Postal Code:

Telephone:

E-mail:

Age:

Birth Date:

(m/d/y)

Level & Tier Played Last Year:

Position: Defense: Forward: Goalie:

Hospitalization Number:

SESSION SELECTED (Please Check)

Excel Day School (Monday August 1 - Saturday August 6)

A.	7 + 8 yrs (Novice)	8:30 am - 1:30 pm & Sat. Game	<input type="checkbox"/>
B.	9 + 10 yrs (Atom)	9:00 am - 2:00 pm & Sat. Game	<input type="checkbox"/>
C1.	5 + 6 yrs (Initiation)	10:15 am - 3:15 pm & Sat. Game	<input type="checkbox"/>
C2.	13 + 14 yrs (Bantam Adv.)	10:15 am - 3:15 pm & Sat. Game	<input type="checkbox"/>
D1.	11 + 12 yrs (Pee Wee)	10:45 am - 3:15 pm & Sat. Game	<input type="checkbox"/>
D2.	11 + 12 yrs (Pee Wee Adv.)	10:45 am - 3:15 pm & Sat. Game	<input type="checkbox"/>
E.	Bantam Prep Camp 13 + 14 yrs	(Aug. 15-19) 5:15 - 6:45 pm	<input type="checkbox"/>
F.	Pee Wee Prep Camp 11 + 12 yrs	(Aug. 15-19) 5:15 - 6:45 pm	<input type="checkbox"/>
G.	Atom / Pee Wee Checking Camp	(Aug. 15-19) 5:15 - 6:45 pm	<input type="checkbox"/>
H.	Goalie Special	(A, B, C, D, E, F, G) Circle One	<input type="checkbox"/>

PAYMENT

A minimum \$100 downpayment is required - cheques are payable to "Excel Hockey Programs".

Amount Included: **Cheque:** **Cash:** **M.O.**

WAIVER

This applicant, his or her parents, or guardians agree the Excel Hockey Programs and its instructors will not be held responsible for any accident or loss, however caused, and agree to release the proprietors from all claims and damages.

Parent/Guardian Signature:

Date: (m/d/y)

Please mail application and payment to:

Excel Hockey Programs
411 Trotchie Crescent
Saskatoon, SK, S7K 7W2