



**ALL CANADIAN HOCKEY SCHOOL PROGRAMS
APPLICATION FORM**

CAMPER/PLAYER'S NAME: _____

ADDRESS: STREET NAME & NUMBER: _____ CITY: _____ COUNTRY: _____

POSTAL/ZIP CODE: _____ PHONE #: _____

DATE OF BIRTH: _____ AGE: _____

E-MAIL: _____

POSITION/TEAM PLAYED FOR: _____ LEVEL: _____

REGISTRATION send or drop off payment and this application form to the "ACHS" at 6101 Country Rd. #20 RR. #5 Harrow, Ont. N0R 1G0
All applications are accepted on a first come first serve basis and must include a 50% non-refundable deposit. All payments must be made in full prior to commencement of the hockey school program selected.

**CAMPER/PLAYER PERMISSION AND HEALTH
APPLICATION FORM**

EMERGENCY CONTACT: _____ PHONE: _____

HEALTH CARD/INSURANCE NUMBER: _____

If player is allergic to any food or medication, please note them below:

If player is subject to any of the following, please check off:

- convulsions nightmares arthritis
 bed wetting epilepsy sleep walking
 asthma fainting
 other medical condition, please specify: _____

Please check off:

- non swimmer poor swimmer average swimmer
 good or strong swimmer

Camper has:

- never canoed before never kayaked before

I have permission from my parent(s)/guardian(s) to participate in the ALL CANADIAN HOCKEY SCHOOL. I warrant that I am physically fit and in good health and am fully able to participate in all aspects of the program. Every care and attention will be given to me while participating in this program. In case of injury or accident I authorize the staff in charge to secure such medical advice or treatment as may be necessary. For promotional purposes I also authorize the ACHS to use any photographs taken of me while participating in its program and will not levy any fee against them.

In consideration of your accepting this application, I hereby for myself and my heirs, executors and administrators, waive and release any rights or claims for damages that I might hold against the All Canadian Hockey School Inc., the ACHS College Schools, and/or its organizers, staff, their successors, representatives and assigns for any and all damages suffered by me while traveling to and from and while participating in this program. I have understood, and agree to the above. By submitting this entry, I waive, release and indemnify.

SIGNATURE OF PLAYER _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



**THE ALL
CANADIAN
HOCKEY
SCHOOL**

Serving the Community since 1981

Be the Best that You can Be!



Now taking Registrations for Summer Camp!

March Break Madness (For Rep. Travel Players 2003-2007)

March 15-17th, 2016 (8:30-4:30pm.) Cost \$200 plus HST.

March 14-17th, 2016 Residential Camp \$300 plus HST.

Libro Centre and St. Peter's ACHS College School.

519-736-2014

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Three days of ice, activity and FUN.

Since 1981, the ALL CANADIAN HOCKEY SCHOOL has been providing top quality hockey programs for players Novice-Pee Wee from all over North America and Europe. Throughout that time, players from house league through "AAA" have found our hockey school to be most beneficial and a welcomed alternative for their hockey skill development and conditioning. As featured on "Rink Rat television" our well qualified staff stresses fundamentals and Fun.

Mornings at this program are dedicated to skill and conditioning on ice. Afternoons are dedicated to conditioning and activity off ice followed by scrimmage time.

Cost \$200.00 Cdn. plus HST for the full day time program.

Cost \$300.00 Cdn. plus HST for the full day and residency program.

Includes three hours of ice time per day, meals, limited snacks, sweater, and insurance.

For rep. travel players (AAA-AE) born between 2002-2007

Max. 20 players and 2 goalies.

Players accepted on a first come first serve basis.

