

PROFESSIONAL HOCKEY ACADEMY
CAMP REGISTRATION & WAIVER

Camp Location of Attendance : _____ Date of Camp: _____

Player Name: _____ Date of Birth: ____/____/____ Age ____

Position Played: _____ Previous Year Team/Level: _____

Street Address: _____ Players Phone #: (M/H) _____

_____ Parents Phone #: (M/H) _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Emergency Contact: _____ Phone: _____

Waiver Agreement:

I, _____ parent/guardian of the camper, hereby authorize the staff of the Professional Hockey Academy, to act for me according to their best judgment in any emergency requiring medical attention, and if necessary seek and provide appropriate medical attention for the camper. I will be responsible for the costs of the medical attention and treatment. I hereby waive and release the Professional Hockey Academy, staff, and facility from any and all liabilities for injuries, illness, or loss of property incurred while attending the camp. Parents must notify camp staff prior to commencement of the camp, of any special needs. The camp staff has the right to expel or dismiss any camper who uses inappropriate conduct, language, or behavior. In which case there will be no refund.

Parent/Guardian Signature

Date

Parent/Guardian Health Insurance Company

Please List any health needs your child has that camp should be aware of:

To Confirm Registration Please Email us at:
Phahockeycamp@gmail.com

Please fill out this PHA Camp Registration Form and Waiver, and turn it in to the Front Office at the
Georgetown Ice Arena