



# Summer Ice Camp

At Nottawasaga Centre Ice SportsPlex

6015 Highway 89 Alliston Ontario

**8:00am to 5:00pm Monday to Friday - 3 hours a day on ice**

- July 10- July 14, 2017 ~ 2010/09/08/07
- July 17- July 21, 2017~ 2007/06/05/04

∞Deposit \$300.00 by May 1, 2017 and a post dated cheque for June 15, 2017 \$350.00  
After June 1st cost \$700.00

**24 SKATERS and 4 GOALIES** (Maximum 24 participants)

- Football, soccer, driving range, baseball, Frisbee, kickball, slockey, volleyball and swimming\*
- Hot lunch provided at hotel daily
- Program insured by Canadian Sports Insurance
- 5:00pm pick-up at the rink

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position: Goalie  Player  Home Centre: \_\_\_\_\_:

Allergies: \_\_\_\_\_

Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home#: \_\_\_\_\_

Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Paid by:  Cash  Cheque  VISA  MST  EMT Amount Enclosed: \_\_\_\_\_

(HST No. 859117798RT) HST Paid: \_\_\_\_\_

The undersigned parent of the above named child acknowledges that there is always risk of injury. I hereby release PUCKSHY, its officers, directors and employees, from all claims for injury or damages suffered by the child or the undersigned that may arise as a result of the Child's participation in the Puckshy program. I further agree to indemnify and save Puckshy, its officers, directors and employees harmless from all claims made by the child or any party in any way resulting from the Child's participation in the Puckshy Program.

VISA Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
If paying by VISA please type or print the number and expiry date in the space provided. VISA will accept this as your approval to process the charges listed above to your VISA account. **3% fee added if paying by visa**

Read and Accepted:  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

All Registration Fees are non-refundable.  
For more information on this program and other programs offered by Puckshy go to:  
[www.puckshy.com](http://www.puckshy.com)

Please forward the completed registration form and payment to: Puckshy  
60 Main St W Unit 446 Beeton, ON L0G 1A0 Phone: 705-435-3168 Fax: 705-435-0722  
Email: [steve@puckshy.com](mailto:steve@puckshy.com)