



REGISTRATION FORM

Player's First Name: _____

Player's Last name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____

Birthdate: (yy-mm-dd) _____

Home phone number: _____

Office number: _____

Cell number: _____

Email address: _____

Position: Goalie Player _____

2008-2009 Category: Atom Pee-Wee Bantam Midget

2008-2009 Level: AA BB CC

Minor Hockey Association: _____

Jersey size: JUNIOR S M L XL ADULT S M L XL

Please check the appropriate session:

SESSION 1 - July 19-23, 2010 (Pierrefonds 4 Glaces)

SESSION 2 - July 26-30, 2010 (Pierrefonds 4 Glaces)

SESSION 3 - Aug 2nd to Aug 6th, 2010 (Pierrefonds 4 Glaces)

SESSION 4 - Aug 9th to Aug 13th, 2010 (DDO Civic Center)

SESSION 5 - Aug 16th to Aug 20th, 2010 (DDO Civic Center)



Please make checks Payable to:

Lac St. Louis Lions

And mail to: **4000 St. Jean blvd., Suite 3100, DDO, QC, H9G 1X1**

In the event of a cancellation, all money will be credited towards future registration for registered player. (no cash refunds).

***Players will be grouped by age and/or skill level at the Coach's discretion.**

Medicare number: _____

Allergies/Illness: _____

Emergency contact person: _____

Emergency contact number: _____

In case of injury or emergency, I _____ (parent/guardian) hereby authorize the Lac St. Louis Lions organization to do all that is necessary for the safety of my child/children _____ (initials)

Participants waive all claims against the Lac St. Louis Lions Elite Hockey School, its organizers and coaches. The management reserves the right to cancel or postpone any of the sessions.

Date: _____ **Signature:** _____

Please sign and return with payment. Thank you.

Payment Option 1 – Payment in full

Payment Option 2 - \$135 deposit at signing along with post dated check for remaining amount dated July 1st, 2010

***A payment with today's date must be sent with Registration form in order to secure your spot at the Lions Elite Hockey School. Thank You.**