REGISTRATION

Camp Registering For:_____
Last Name:_____First Name:_____
Parents/Guardians:_____
Address:_____
City:_____Postal:_____
email:_____
Home Phone:_____ Cell Phone:_____
Fax:_____DOB:_____
Position:_____ Last year's team_____
Current Level & Association:_____

If faxing and paying by credit card, please enter info below

Card Type: VISA / MC Card #: _/_/_/_/ _/_/_/_/ _/_/_/_/ _/_/_/_/
Expiry Date:_____
SVC #:(last 3 digits on back of card)_____

$100.00 deposit required. Please make all cheques out to Abbotsford Training Rink Ltd.

PLEASE READ THIS CAREFULLY PRIOR SIGNING

The participant agrees that Abbotsford Training Rink and our instructors will not be held responsible for any accidents, injury or loss, however caused, and agrees to release the proprietors and/or skating rink form all claims which arise as a result of or any reason of such accidents, injury or loss. I am aware that the above participant is taking part in a hockey session at his/her own risk and is in good health with NO MEDICAL PROBLEMS unless specified in writing. I further agree to be responsible for all medical and dental claims and/or insurance not covered. All registrations will not be accepted without signature. Abbotsford Training Rink reserves the right to use photo's taken during our programs for advertising and/or instructional purposes.

Refunds will not be issued.

Parent/Guardian Name (please print)_____

Parent/Guardian Signature_____ Date_____

PLEASE FAX TO: Ralph Vos 604-852-3045
Mailing Address: 14-34100 South Fraser Way Abbotsford, B.C. V2S 2C6
www.abbotsfordtrainingrink.com