

# Enrollment for Hockey Plus! - Summer 2010

First Name \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Position:      Forward      Defense      Goalie     Height \_\_\_\_\_     Weight \_\_\_\_\_

Jersey Size (check one box):

Youth Large      Adult Small      Adult Medium      Adult Large      Adult Extra Large

Check Session (you can attend more than one):

Mini Session: February 15 - 19      Session 1: July 26 - August 6      Session 2: August 9 - August 20

Mini Session Tuition is \$325, Sessions 1 and 2 Tuition is \$595.00. A non-refundable \$100.00 deposit must accompany this application. The balance is due 60 (30 for Mini Session) days prior to the opening day of the session. No refunds can be made 30 days prior to the start of camp.

Transportation Requirements:

- No transportation is required. I will drop my child off between 8:45 and 9:00 AM.  
 I live in a surrounding community and agree to an AREA pickup, **if available**, at a cost of \$30.00 per week.  
 I am interested in driving other children to camp for \$30 per child, per week. I can drive \_\_\_\_\_ .

In Case of Emergency:

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Please send Hockey Plus! Information to our friends:

Player's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Address: \_\_\_\_\_

I hereby request that the person enrolled above be admitted to Hockey Plus! and authorize the Director to act for me according to his best judgement in any emergency requiring medical attention other than that maintained by Hockey Plus!, for which service I shall pay. Participants are responsible for property damage and may be sent home without refund for violation of camp rules.

\_\_\_\_\_  
Signature of Parent/Guardian (**NOTE: Application MUST be signed.**) ~ *Web Version*

Mail this application with check/money order to: Hockey Plus!, Post Office Box 947, Marshfield, Mass 02050