

**BOULTON HOCKEY SKATING SCHOOLS REGISTRATION FORM**



NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOUSE LEAGUE

REP LEAGUE

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

MEDICAL INSURANCE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

T-SHIRT SIZE: YOUTH

S	M	L
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ADULT

S	M	L	XL
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- First come, first serve basis
- The school reserves the right to flood the ice when necessary
- Should the facility being used breakdown during the school for any period of the school, the refund will be prorated unless the facility management can rectify the loss in time, to the satisfaction of the school's proprietors through rescheduling
- No refunds without a medical release form
- No make-ups for classes missed

Mail cheques payable to:

**Boulton Hockey Skating**

93 Melville Drive, Brookfield, NS B0N 1C0

The applicant agrees the schools and its proprietors will not be held responsible for any accident or loss of personal effects and agrees to release said from all claims or damage which may arise as a result of such accident or loss.

Parent's name (please print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_