

Enrollment for Hockey Plus! - Summer 2018

First Name _____ Last _____ Date of Birth _____

Street _____ BEST Phone () _____

Town _____ Zip Code _____

Position: Forward Defense Goalie Level: Beginner - C - B - A Height _____ Weight _____

Jersey Size (check one box):

Youth Large Adult Small Adult Medium Adult Large Adult Extra Large

Check Week(s) (we recommend at least 2 weeks to maximize improvement):

Week 1: July 16 - July 20 **Week 2:** July 23 - July 27 **Week 3:** July 30 - Aug 3

Week 4: Aug 6 - Aug 10 **Week 5:** Aug 13 - Aug 17

Tuition is \$395 for the first week and \$345 for every additional week. A non-refundable \$100.00 deposit must accompany this application. If the session you select is filled, your deposit will not be kept. The balance is due 60 days prior to the opening day of the session. No refunds can be made 30 days prior to the start of camp.

If possible, please group my camper with the following friends:

In Case of Emergency:

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Mom's Email: _____

Dad's Email: _____

Please note: much of our communication will be done by Email!

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 ~ Web Version ~ (**NOTE:** Application MUST be signed.)

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