

# Enrollment for Hockey Plus! - Summer 2019

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 15 - July 19     **Week 2:** July 22 - July 26     **Week 3:** July 29 - Aug 2

**Week 4:** Aug 5 - Aug 9     **Week 5:** Aug 12 - Aug 16

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

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