



ELITEHOCKEY.NET REGISTRATION & PROGRAM AGREEMENT.

Registration and Confidential Health History Form

*Elite hockey. Net is committed to FUN healthy children. To process your child's registration, please complete this form and return it to **Elite hockey.net** at 755 Wallace Rd least one week before your child's start date.*

Child's Information

First Name: _____ DOB: _____
Last Name: _____ Age: _____
Phone No.: _____ Male Female

CUSTODY INFORMATION

Not Applicable

Custody Parent: _____
Are there custody documents on file? YES NO
My child MAY NOT be released to: _____
Relationship to my child: _____

PARENT/GUARDIAN 1

First Name: _____
Last Name: _____
Street Address: _____
City/Province: _____
Postal Code: _____
Home Phone No.: _____
Business Name: _____
Bus. Phone No.: _____ Cell No.: _____
E-mail Address: _____

PARENT/GUARDIAN 2 EMERGENCY CONTACTS *Other than parents/guardians*

CONTACT 1 • Relationship: _____
Name: _____
Phone No.: _____

CONTACT 2 • Relationship: _____
Name: _____
Phone No.: _____

AUTHORIZED PICKUPS *Other than parents/guardians*

PICKUP 1 • Relationship: _____

Name: _____

Phone No.: _____

PICKUP 2 • Relationship: _____

Name: _____

Phone No.: _____

OFFICE USE ONLY

Start Date: _____

Allergy(s): _____

Elite Staff Initials: _____

Admin Staff Initials: _____

Withdrawal Date: _____

Age Grouping: _____

Doctor's Name: _____

Dentist's Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____

Health Card No.: _____

** Health Card Number is Optional

Dietary Restrictions: _____

Other Illnesses: _____

ALLERGIES

Drug: _____

Food: _____

Insect stings or bites: _____

Other: _____

Reactions: _____

IMPORTANT: A doctor's note must accompany these medications.

PAST HISTORY OF COMMUNICABLE DISEASES AND APPROXIMATE DATES

MEDICAL/HEALTH HISTORY (Please check any applicable areas)

- Diabetes Asthma
- Epilepsy/Convulsions Frequent Colds/Sinus Trouble
- Dyslexia Sight Difficulties
- Severe Headaches Frequent Ear Infections
- Bleeding/Clotting Disorders Hearing Difficulties
- Cardiac Conditions ADD/ADHD
- Skin Conditions Autism

Does your child have difficulties managing in large group setting or following directions? YES NO

If yes, please explain:

Is there any additional information that you feel we should know about your child regarding their medical/health history? YES NO

Please explain:

Carries EPI Pen: YES NO

Carries Puffer: YES NO

PROGRAM SURVEY

Is your child undergoing any treatment or taking any medication for an illness, condition or injury?

YES NO

If so, please explain:

Will this condition limit or affect participation in activities?

Will there be any medication accompanying your child at camp? If so, please explain:

Recent illnesses, operations or injuries:

Is there any additional information that camp staff should be aware of to better care for your child?

BEHAVIOUR MANAGEMENT AGREEMENT

The following behaviours are not acceptable and may result in the immediate removal of a participant for the remainder of the current day or the entire program. Unacceptable Behaviours: endangering the health, safety and well-being of participants, staff or volunteers; stealing or damaging Elite or personal property; leaving the program without permission; continuing to disrupt the program and/or other participants, staff or volunteers; refusing to follow the behaviour guidelines; using profanity, vulgarity or obscenities frequently; or acting in an inappropriate manner. Elite hockey.net has **zero tolerance** for consistent intentional behaviour that goes against the Elite Core Values or any behaviour that could harm a child, staff member or volunteer (physically or emotionally).

CONSENT FOR SUNSCREEN AND INSECT REPELLANT

I understand that it is my responsibility to supply sunscreen of SPF 15 or higher every day for my child. It is recommended that I also supply insect repellent every day for my child. Elite staff will assist or apply the sunscreen or insect repellent if my child requires assistance and according to the instructions on the label. Insect repellent will be applied after sunscreen is applied. The Elite staff will keep an emergency supply of sunscreen and insect repellent onsite. All sunscreen and insect repellent must be labelled with your child's full name.

Sunscreen

- Do NOT apply the emergency supply of sunscreen to my child because of a skin allergy or sensitivity.
- Apply emergency sunscreen to my child if he or she runs out that day or forgets to bring his/hers.

Insect Repellant

- Do NOT apply insect repellant to my child.
- Apply emergency insect repellant to my child if he or she runs out that day or forgets to bring his/hers.

For more information on sunscreen and insect repellant guidelines and application, please visit the Health Canada Website @ www.hc-sc.gc.ca or call the North Bay Public Health @ 474.1400.

PERMISSION AGREEMENT

I hereby give my consent for my child to be involved in all activities associated with Elite programming or field trips off the premises, as long as such activities are supervised by a Elite staff member. I understand that photos or videos of my child may be taken during program time for: program displays, staff training purposes, publicity brochures, newsletters, media coverage and any material and articles promoting Elite hockey.net. If I do not want my child’s photo or video to be used as in the above-description, I will inform an Elite staff at the time of registration to ensure my child is exempt from photos or video coverage.

Week ONE Monday July 5, Tuesday July 6, Wednesday 7, Thursday 8, Friday 9.

Week TWO Monday July 12, Tuesday 13, Wednesday 14, Thursday 15, Friday 16.

Week THREE Monday July 19, Tuesday 20, Wednesday 21, Thursday 22, Friday 23.

Week FOUR Monday July 26, Tuesday 27, Wednesday 28, Thursday 29, Friday 30.

Week FIVE Monday Civic Holiday NO CAMP, Tuesday 3, Wednesday 4, Thursday 5, Friday 6.

Week SIX Monday August 9, Tuesday 10, Wednesday 11, Thursday 12, Friday 13.

Week SEVEN Monday August 16, Tuesday 17, Wednesday 18, Thursday 19, Friday 20.

Week EIGHT Monday August 23, Tuesday 24, Wednesday 25, Thursday 26, Friday 27.

Please select what age group your child will attend.

“Power Play” AGE GROUP (7&8)

“Over Time” AGE GROUP (9 & 10)

"Shootout" AGE GROUP (11&12)

FEES (ALL PRICES ARE BEFORE APPLICABLE TAXES)

REGISTERED BEFORE JULY 5, 2010

___ 8 WEEK PROGRAM - \$1,360

___ 4 WEEK PROGRAM - \$720

___ 2 WEEK PROGRAM - \$380

REGISTERED AFTER JULY 5, 2010

___ 8 WEEK PROGRAM - \$1,520

___ 4 WEEK PROGRAM - \$760

___ 2 WEEK PROGRAM - \$380

REFUND POLICY

Cancellation must be made in writing TWO weeks in advance to Elite hockey.net. All Cancellations received **MUST** be In writing; otherwise, refunds will not be issued without notice. Refunds are not applicable for illnesses, absent days or for circumstances out of the control of Elite hockey.net, such as, weather Conditions, power outages, etc...

METHOD OF PAYMENT

Please complete your child's registration. Registrations will not be processed without a completed medical/emergency information form.

AUTHORIZATION

I, _____, parent/guardian of _____, have completed the above registration and health history form and understand the Elite hockey procedures and permit my child to Participate in the full range of Elite hockey activities, except as noted. In the event of accident, injury or illness requiring immediate Medical attention, I hereby give the Elite hockey staff permission to seek medical attention by calling 911. The health history information Included on this agreement is correct as far as we know. Permission is hereby given to (1) provide ongoing health care, (2) Select medical personnel and (3) order x-rays or routine tests or treatment as required by a health care professional (Paramedic and/or medical doctor). I have read and understand the Behaviour Management Agreement, Payment, and Refund and Cancellation Procedure. Furthermore, I have enrolled my child at Elite hockey.net and have read and fully understand the Elite hockey.net Registration and Program Agreement. I understand that the Elite hockey.net cannot accept responsibility for the loss or damage of any personal belongings that my child may bring to camp.

Parent/Guardian: _____ Witness: _____

Date: _____

OUR PRIVACY COMMITMENT

Elite hockey.net is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care,