

# NHL ALUMNI HOCKEY CAMPS & CLINICS

**PLEASE SAVE COMPLETED FORM TO YOUR DEVICE & THEN EMAIL TO [shooter@bradsmythhockey.com](mailto:shooter@bradsmythhockey.com) ALONG WITH THE E-TRANSFER.**



## Application Form

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

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

Birthdate & Age: \_\_\_\_\_ years

Gender: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Present Team & Level: \_\_\_\_\_

  

Parent or Guardian's name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this form, you are agreeing to the following:

The applicant, his/her parents or guardians agree that the NHL Alumni Hockey Camps & Clinics, its directors, instructors and employees are not liable for nor will be held responsible for any accident or loss, however caused, and agree to release same from all claims and/or damages. We further agree that the applicant is in good health and has no medical problems unless other specified in writing.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed application and E-transfer to:

Smythstrong Development Inc. [shooter@bradsmythhockey.com](mailto:shooter@bradsmythhockey.com)

**CANCELLATION POLICY:** No refunds will be given two weeks prior to camp start date. Cancellations prior to this date will incur a \$50.00 fee.