



# Registration Form 2010

V. After May 1/10  
HST Implemented

FOR OFFICE USE ONLY	Date Received _____ / _____ / _____	<input type="checkbox"/> Health Form Attached	WA/Type: _____
	PD: _____ / _____ Amt: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MC AU # _____	<input type="checkbox"/> CQ # _____
	PD: _____ / _____ Amt: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MC AU # _____	<input type="checkbox"/> CQ # _____
PD: _____ / _____ Amt: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MC AU # _____	<input type="checkbox"/> CQ # _____	

Please review the Getting Ready for Camp Package (copy available on [www.learnhockey.com](http://www.learnhockey.com)) for complete camp details.  
PLEASE COMPLETE FRONT & BACK OF THIS FORM AND SUBMIT WITH PAYMENT FOR PROCESSING.

## Camper/Family Information

Attended in 2009: Yes  No  If yes, please identify Camper ID#: \_\_\_\_\_ Do Not Know Camper ID#

M  F  Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Home Phone# (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian #1 First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(parent completing registration form - contact where camp receipt and email communications will be addressed to) Email Address \_\_\_\_\_

Parent/Guardian #2 First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact (in case parent/guardian not available) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Background (Important! In order to accurately assign group, please complete fully)

Age at Camp \_\_\_\_\_ Year of Birth \_\_\_\_\_ Current Grade in School \_\_\_\_\_ Height (ft) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_

Hockey Program Participants: Position at Camp (check  one)  FWD/DEF  GOAL  
Jersey Size (check  one)  YXL (44")  AS (48")  AM (50")  AL (52")  AXL (54")  
Current Level of Play (i.e. House League, Select, Travel / Rep, etc.) \_\_\_\_\_

If you attended in 2009, what section were you assigned to? (circle one) *Canadiens Leafs Red Wings Senators Intermediate Senior*

How did you hear about HOC? (check  one)  Friend  Arena Poster  Internet  Ad/Publication  OCA  Other \_\_\_\_\_

## Camp Dates

Please check (✓) off the week(s) you wish to attend:

WEEK 1 (July 4 - July 10)  WEEK 2 (July 11 - July 17)  WEEK 3 (July 18 - July 24)  WEEK 4 (July 25 - July 31)  
 WEEK 5 (Aug. 1 - Aug. 7)  WEEK 6 (Aug. 8 - Aug. 14)  WEEK 7 (Aug. 15 - Aug. 21)  WEEK 8 (Aug. 22 - Aug. 28)

## Camp Programs, Rates & Discounts (Weekly rates listed in Canadian \$ and do not include Tuck Shop Fee)

**NEW!! - 13% HST tax has been implemented on all registrations after May 1, 2010, but camp fees remain the same as before May 1st, 2010**

Please identify (✓) appropriate program

<input type="checkbox"/> <b>Resident Hockey Program:</b> <ul style="list-style-type: none"> <li>Six (6) day stay at camp including room &amp; board</li> <li>Hockey instruction and ice time daily</li> <li>Two (2) camp activities daily* (M-F)</li> <li>Weekend programming for children staying more than one week</li> </ul>	Single Regular Rate - Register after March 1st	<b>\$788.50 + \$102.50 = \$891.00</b>
	Family/Multiple Week Rate - parents sending more than one child or sending child for more than one week. <b>No deadline.</b>	<b>\$716.81 + \$93.19 = \$810.00</b>
	Group Rate - 5 or more children registering together are eligible. <b>ALL Registrations must be sent in the same envelope w/ Group Summary Form to qualify for rate. No exceptions.</b>	<b>\$692.92 + \$90.08 = \$783.00</b>
<input type="checkbox"/> <b>Ice Only + Camp Program:</b> <ul style="list-style-type: none"> <li>Hockey instruction and ice time (identical programming schedule to resident hockey program)</li> <li>Two (2) camp activities daily* (lunch provided). (M-F)</li> <li>Campers responsible for overnight accommodation and transportation to and from camp and/or arena</li> </ul>		<b>\$506.55 + \$65.85 = \$572.40</b>
	<input type="checkbox"/> <b>Ice Only Program:</b> (Tuck Shop Fee included in Camp Fee) <ul style="list-style-type: none"> <li>Hockey instruction and ice time (identical programming schedule to resident hockey program)</li> <li>Campers responsible for accommodation, meals and transportation to and from the arena</li> </ul>	
<input type="checkbox"/> <b>Resident Camp Only Program:</b> <ul style="list-style-type: none"> <li>Six (6) day stay at camp including room &amp; board</li> <li>Three (oldest two sections) or Five (youngest four sections) camp activities daily* (M-F)</li> <li>Weekend programming for children staying 1+ week</li> </ul>	Single/Family/Multiple Week Rate	<b>\$583.01 + \$75.79 = \$658.80</b>
	Group Rate - 5 or more children registering together are eligible. <b>ALL Registrations must be sent in the same envelope w/ Group Summary Form to qualify for rate. No exceptions.</b>	<b>\$563.89 + \$73.31 = \$637.20</b>
<input type="checkbox"/> <b>Leader in Training (LIT) Program:</b> See HOC website for details - Age Restricted and Application Required		<b>\$315.40 + \$41.00 = \$356.40</b>

\*Campers are guaranteed one of their top two activity choices and given their second or third choice based on activity demands.

## Cabin Assignments (Please review if participating in resident program)

Every effort will be made to bunk friends together. Please note that children are assigned cabins based on the same skating group. Campers in groups will be assigned according to Group Summary Sheet submitted by Group Coordinator.

Part of Group: See Group Summary Sheet for cabin assignment requests. **OR**  See list of preferred cabin partners below: Note: 5 + campers may be divided among two cabins

--Turn Over--

**Registration Fee Summary (please complete column and totals)**

Item	Program	Rates (Cdn \$) & Number of Weeks	Amount
Camp Fee	Resident Hockey	<input type="checkbox"/> Single Regular \$788.50	Pretax \$ _____ + Tax \$ _____ =(a)\$ _____
		<input type="checkbox"/> Multiple Wk./Family \$716.81 X _____ # of weeks	
		<input type="checkbox"/> Group \$692.92	
	Ice Only + Camp	\$506.55 X _____ # of weeks	Pretax \$ _____
	Ice Only	\$324.96 X _____ # of weeks	Pretax \$ _____
	Resident Camp Only	<input type="checkbox"/> Single/Multiple/Family \$583.01 X _____ # of weeks	Pretax \$ _____
<input type="checkbox"/> Group \$563.89		Pretax \$ _____	
Leader In Training	\$315.40 X _____ # of weeks	Pretax \$ _____	
Subtotal: Please add all weeks attending (pre-tax rates) above			Subtotal Pretax \$ _____
Add Taxes: 13% Harmonized Sales Tax (HST)			+ Tax \$ _____
			=(a)\$ _____
Tuck Shop	Resident Hockey / Ice Only + Camp	(Tuck fee includes a hockey jersey. Please complete size requirement on front of form) \$30.00 X _____ # of weeks	<input type="checkbox"/> will pay at check in or (b)\$ _____
	Resident Camp Only/ Leader in Training	\$20.00 X _____ # of weeks	<input type="checkbox"/> will pay at check in or (b)\$ _____
T-Shirt (optional)	Please check (✓) appropriate size:	T-shirt measurement in inches (width X length) <input type="checkbox"/> YL (19"X25") <input type="checkbox"/> YXL (20"X26.5") <input type="checkbox"/> AM (20"X29") <input type="checkbox"/> AL (22"X30") <input type="checkbox"/> AXL (24"X31") <b>\$25.00 each</b>	(c)\$ _____
<b>TOTAL Registration Fees:</b>			(a) + (b) + (c) \$ _____

**Payment**

<input type="checkbox"/> Credit Card Payment OR <input type="checkbox"/> Cheque(s) Enclosed <b>Note</b> - Non-negotiable (NSF) cheques will be subject to a \$25.00 service fee. Make cheques payable to: <b>Hockey Opportunity Camp</b>	<b>Payment (Credit Card or Cheque)</b>	<input type="checkbox"/> Total registration fee paid in full at time of registration (required after May 1/10 registration)	\$ _____ Full Payment
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**Credit Card Information**

<input type="checkbox"/> Visa	Card Number	_____ / _____ / _____	Expiry Date	____ / ____
<input type="checkbox"/> Mastercard	Name on Card	_____	Signature	_____

**Terms of Enrollment, Cancellation Policy and Information Disclosure**

**Terms of Enrollment (Medical):**

If my child shows symptoms or is in contact with anyone showing such symptoms (up to 72 hours prior to the arrival at camp) of the following: 1/ Gastrointestinal illness including, but not limited to vomiting, chills, abdominal cramps and diarrhea or 2/ Influenza-Like Illness (ILI) including, but not limited to, fever with cough and one or more of the following symptoms; sore throat, muscle aches, joint pain or weakness or 3/ Any other health concern that poses a threat to the health and well being of the camp community, we declare that the camp will be contacted immediately. We understand that such symptoms will delay arrival to camp as determined by the Camp Director.

**Cancellation Policy:**

Campers who cancel before May 1st, 2010 will be refunded their deposit less a \$125.00 administration fee. All cancellations after May 1st, 2010 are non-refundable (for any reason-medical included) - **NO EXCEPTIONS**. Payments can be credited towards the camper's own tuition fee for the following year only.

**Information Disclosure:**

Please review and consent your acceptance to the following statement: I understand that some or all of the information provided above will be collected, held and used by Hockey Opportunity Camp (HOC) for the purposes of camp registration and billing, complying with regulated information security procedures. In addition, I provide my consent to have photos and/or video taken of my child and used for archival and/or promotional purposes.

Camper Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**How to Contact Us**



Website: [www.learnhockey.com](http://www.learnhockey.com)  
 Toll Free Phone: 1-888-576-2752  
 Mailing Address: Hockey Opportunity Camp  
 P.O. Box 448 Sundridge, Ontario P0A 1Z0 CANADA

Email: [hoc@learnhockey.com](mailto:hoc@learnhockey.com)  
 Fax: 1-705-386-0179

