



## **COLTS HOCKEY SCHOOL REGISTRATION**

Please fill out this registration form and scan back to Todd Miller at [tmiller@barriecolts.com](mailto:tmiller@barriecolts.com)

### **CAMP CHOICE** (please check one)

- Summer Camp – Monday July, 11 \* DAY
- Summer Camp – Sunday, July 10 \* OVERNIGHT
- Summer Camp – Monday, July 18 \* DAY
- Summer Camp – Sunday, July 17 \* OVERNIGHT
- Summer Camp – Monday, July 25 \* DAY
- Summer Camp – Sunday, July 24 \* OVERNIGHT
- Summer Camp - \*SHOWCASE, Monday, July 25 to Friday, July 29

### **PARTICIPANTS NAME**

\_\_\_\_\_

*First*

\_\_\_\_\_

*Last*

### **PARTICIPANTS POSITION** (please check one)

- Goalie
- Forward
- Defence

### **ADDRESS**

\_\_\_\_\_

*Street address*

\_\_\_\_\_

*City*

\_\_\_\_\_

*Province / State*

\_\_\_\_\_

*Postal Code / ZIP*

\_\_\_\_\_

*Country*

### **PARTICIPANTS AGE**

\_\_\_\_\_

### **PARTICIPANTS DATE OF BIRTH**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PARENT NAME(S)**

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**PHONE NUMBER (DAY)**

( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

**ALTERNATE PHONE**

( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

**EMAIL ADDRESS**

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**LEVEL OF HOCKEY PARTICIPANT PLAYED THIS SEASON**

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**HEALTH CARE #**

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**HEALTH PROBLEMS** *(please list any health problems / allergies that we should be aware of)*

**HOW DID YOU HEAR ABOUT US?** *(please check one)*

- Website
- Newspaper
- Social Media
- Radio
- Barrie Colts Home Game
- Other

**HAVE YOU PARTICIPATED IN THE BARRIE COLTS HOCKEY SCHOOL PROGRAM BEFORE?** *(please check yes or no)*

- Yes
- No

**IF ANSWERED YES TO THE ABOVE QUESTION, WHICH CAMP(S) HAVE YOU ATTENDED IN THE PAST?**