



Euro Elite Hockey Wildwood Dr 41, Port Moody BC V3H4M6

Euro Elite Hockey School  
41 Wildwood Dr. Port Moody, BC  
V3H4M6

BN: 833-861-313

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## Registration

**PLEASE COMPLETE THIS FORM AND EMAIL OR FAX TO:**

**Euro Elite Hockey, 41 Wildwood Dr, Port Moody, BC, V3H4M6**

**Tel:** 604-376-0567

**Fax:** 604- 526-5414

**Email:** [info@euroelitehockey.com](mailto:info@euroelitehockey.com)

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THE HOCKEY COMPANY  
[www.euroelitehockeyschool.com](http://www.euroelitehockeyschool.com)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_

Age \_\_\_\_\_ Level currently playing \_\_\_\_\_

Medical History (i.e., illness, allergies, etc) \_\_\_\_\_

***The group is limited to 20 players max each group! The camp is open to Bantam/Midget Rep and Junior players only and will be filled on a first come first serve basis.***

**FORM OF PAYMENT: Cheque \_\_\_ Cash \_\_\_ PayPal/Visa \_\_\_**

**Price: \$899.00 + HST**

**PARENTAL CONSENT AND LIABILITY WAIVER:** Enclosed is my payment made to Euro Elite Hockey for: please (X)

**RESCHEDULING AND CANCELLATION POLICY:**

Euro Elite Hockey School reserves the right to reschedule or regroup players according to enrolment and availability. A full letter or credit will be issued upon cancellation if notified prior to 14 days before commencement of class.

*Euro Elite Hockey School\*, the hockey complex\* and it's employees will not be liable or held responsible for any accidents or loss however caused and agreed to release all mentioned parties from all claims and damages. I further verify that my child, my ward, or I have no medical problems and is in good physical health and the above-mentioned parties will not be held responsible for any medical, dental or insurance claims resulting from injury.*

**SIGNATURE** \_\_\_\_\_