



**Paul Manning's Fundamentals Hockey Camps**

Dedicated to helping young hockey players develop their skills and reach their goals.

**Registration Form**

Please complete a separate form for each participant. Registrations are accepted on a first come basis and space is limited. If you have a friend and/or sibling request, please indicate so in the space provided below. We will look to accommodate these requests wherever possible. Please refer to the Camps page for the schedule of your chosen camp. We offer electronically accepted *Interac* e-Transfers accompanied with a completed and signed registration form. Completed registration forms can be photographed or scanned and e-mailed to [pmanning24@hotmail.com](mailto:pmanning24@hotmail.com). If paying by cheque and registering by mail, please e-mail Paul Manning at the same e-mail address to get the mailing address.

**Participant Information**

First Name

Last Name

Street

City

Province

Postal Code

Home Phone Number

Emergency Contact Name/ Relationship

Emergency Phone Number

**2018/2019 Category:**

Birth Date:  day / month / year     Male     Female     Initiation     Novice     Atom     Pee Wee     Bantam

Current Level: Tier 6 and down     Tier 3 – Tier 5     Tier 2 and higher including AA, AAAA

**Registering In:**

- Full Day Summer Camp (July 29-August 2, 2019 at Kinsmen Arena)
- Full Day Summer Camp (August 12-16, 2019 at Akinsdale Arena St. Albert)
- Defenceman Camp (August 12-16, 2019 Terwillegar Rink C)
- Evaluation Prep Camp (August 19-23, 2019 Kinsmen Arena)
- Evaluation Prep Camp (August 26-30, 2019 Terwillegar Rink C)

**Medical History:** Please indicate any medical conditions, concerns, allergies, or injuries that may affect participants ability to participate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Friend/Sibling Request**

\_\_\_\_\_

**PAUL MANNING FUNDAMENTALS HOCKEY WAIVER,  
ASSUMPTION AND ACKNOWLEDGEMENT OF RISK FOR MINOR PARTICIPANTS  
(AGES 6 to 17)**

**MINOR ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

**I UNDERSTAND AND AGREE** that there is potential risk for injury involved in the participation of any physical activity. I further understand and agree that participating in ice hockey is a potentially dangerous activity. Minor injuries or more serious injuries are possible, including sprains, strains, twists, cramps, fractured or broken bones, and torn ligaments, though most participants do not encounter serious injuries. There remains, despite safety precautions, the remote possibility of crippling or death. **I FREELY ACCEPT AND FULLY ACKNOWLEDGE** all such risks, dangers and hazards, resulting from my participation in hockey camp.

It is my right and responsibility as a participant to immediately remove myself from participation in the program and notify the nearest official, if at any time I sense any unusual hazard or unsafe condition or if I feel that I am physically, emotionally, or mentally unfit for continued participation in the program.

**I have read and understand the above statement of risk. I assume responsibility for my own safety, and I understand and accept the risks involved with ice hockey.**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT FOR  
PARENTS OF MINOR PARTICIPANT**

In consideration of approval for my minor child to participate in hockey camp, its affiliated provincial/territorial sport-governing bodies, and clubs, I hereby agree as follows:

**TO WAIVE ANY AND ALL CLAIMS** that I or my minor child have or may in future have against Paul Manning, its officials, members, agents, directors, officers, employees and representatives, and other participants (all of whom are hereinafter collectively referred to as "Releasees").

**I HAVE READ**, understood and agree with the statements in the **MINOR ACKNOWLEDGEMENT AND ASSUMPTION OF RISK** portion of this document, and by assuming and acknowledging this risk, I completely absolve all **RELEASEES** from any and all liability for loss, damage, injury or expense that my minor child may suffer, that I may suffer, that a third party may suffer, or that my next of kin may suffer as a result of my minor child's participation in any of the activities and/or programs offered by the Releasees, **DUE TO ANY CAUSE WHATSOEVER**. I acknowledge my responsibility to ensure adequate medical health of my child, as well as protection of my child's personal possessions.

**IN ENTERING INTO THIS AGREEMENT** I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE AGAINST THE RELEASEE.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Parent of Participant

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Witness to Signatures

\_\_\_\_\_  
Printed Name