

## HockeyBear Camp Registration

Camp Date: July 20 – July 26, 2025 \_\_\_\_

July 27 – August 2, 2025 \_\_\_\_

Athlete's Name: \_\_\_\_\_ Birth Date: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male\_\_

Female\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent/Guardian Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Phone# 1: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_ Phone# 2 : \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### Emergency Contact Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Phone#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Does the athlete

\_\_\_\_\_

have any allergies or

\_\_\_\_\_

medical conditions?

\_\_\_\_\_

Please explain:

\_\_\_\_\_

**Swimming Experience:** The Campers will be going swimming as an after-Hockey activity. Please indicate the level of swimming ability for the Camper. Advanced: \_\_\_\_ Intermediate:\_\_\_\_ Beginner:\_\_\_\_ No Experience:\_\_\_\_ No Water Activities Allowed:\_\_\_\_

**Informed Consent and Acknowledgement:** I hereby give my approval for my child's participation in any and all activities prepared by camp organizer Viliam Pala during the selected camp. In exchange for the acceptance of said child's candidacy by organizer I assume all risks and hazards incidental to the conduct of the activities and release, absolve and hold harmless Viliam Pala, from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Organizer.

**Medical Release and Authorization:** As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life , physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment. x-ray

examination and immunizations for the named athlete. In an event of an emergency arising out of serious illness, the need major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the organizer and affiliates to provide needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates/for the duration of the camp. This release is authorized and executed on my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

### **Payment and Refund**

**Please submit your registration with the deposit. Deposit is 50% of the total fee. Full amount is due by May 1, 2025.**

**No refunds will be issued if registration is canceled after May 15, 2025**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_