

# 2015 HOCKEY CAMP APPLICATION PAGE



☆ Ohio Hockey Camp Session June 29 – July 2, 2015

- Squirt / Peewee Session Select \_\_\_\_\_
- Bantam / High School Session Select \_\_\_\_\_
- BYHA Member \$330.00 Select \_\_\_\_\_
- Non-BYHA Member \$350.00 Select \_\_\_\_\_
- Less Early Bird Registration by June 1<sup>st</sup> Save \$25 \_\_\_\_\_

Total Camp Fees: \_\_\_\_\_

Choose Your Position: Skater \_\_\_\_\_ Goalie \_\_\_\_\_

Choose Your Age Group: SQ/PW \_\_\_\_\_ BT/HS \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does the player have any medical conditions / allergies? (circle) YES NO

If yes, please list \_\_\_\_\_

Player's last team: \_\_\_\_\_ Level: \_\_\_\_\_ Position: \_\_\_\_\_

## Waiver and Release of Claims

Please read this form carefully. When you sign this form you waive and release all claims for injuries your child might sustain arising out of their use of the facilities and participation in the activities and programs at a Peak Performance Hockey Camp (PPHC).

**Acknowledge risk injury:** As a participant in the activities or programs at PPHC, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participation or use of such facilities, activities or programs.

**Waive, Release & Indemnify:** I hereby waive, release and discharge any and all claims I may have or may acquire against PPHC, its officers, agents, servants and employees as a result of my or my child's participation in all programs and activities of PPHC; and I agree to indemnify and hold harmless PPHC, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are participating in a PPHC program, except for willful and wanton misconduct by PPHC personnel.

I have read and fully understand the above Waiver and Release of all Claims Form.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

All camp sessions will fill on a first come, first served basis with a completed application and complete camp fee paid.

Please make checks payable to: **BYHA**

Please Mail Completed Application and Payment to: **Beavercreek Hockey Association**  
**1459 Red Barn Way**  
**Beavercreek, OH 45434**



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