

APPLICATION

NAME: _____ D.O.B. _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ HOME PHONE: _____
WORK PHONE: _____ EMERGENCY PHONE: _____
EMAIL ADDRESS:(PLEASE PRINT NEATLY): _____

CAMP: (CIRCLE) MITE - STICK-HANDLING - SHOOTING - BANTAM - BATTLE
DIVISION: (CIRCLE): 6U 8U 10U 12U 14U 16U
HEIGHT: _____ WEIGHT: _____ SHOOTS: R OR L
POSITION: (CIRCLE ONE) RW / LW / C / D
LEVEL (CIRCLE): AAA TRAVEL TRAVEL A TRAVEL B TRAVEL C HOUSE LEAGUE
JERSEY SIZE: (CIRCLE) (YOUTH) M XL (ADULT) S M L XL

MAKE CHECKS PAYABLE TO EXCEL HOCKEY

ENCLOSE A \$50 DEPOSIT CHECK (OR FULL PAYMENT) TO RESERVE YOUR SPOT
DEPOSIT CHECK #: _____
AMOUNT: \$ _____
BALANCE DUE: \$ _____

BY PARTICIPATING IN THE EXCEL HOCKEY INC. SKATING AND HOCKEY PROGRAMS AND ALL RELATED ACTIVITIES, I FULLY UNDERSTAND THAT THESE ACTIVITIES INVOLVE RISKS OF SERIOUS BODILY INJURY AND I FULLY ACCEPT AND ASSUME THESE RISKS. I HERBY WAIVE AND AGREE TO HOLD HARMLESS EXCEL HOCKEY INC.; IT'S OWNERS, COACHES, INSTRUCTORS, EMPLOYEES, VOLUNTEERS AND OTHER PARTICIPANTS FROM ANY AND ALL CLAIMS. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY. I ALSO CONSENT TO ADMINISTER FIRST AID AND EMERGENCY TRANSPORT TO THE NEAREST MEDICAL FACILITY.

PARENT/GAURDIAN: _____ DATE: _____

CAMP INFORMATION

A typical camp day will involve powerskating, on-ice instructional drills based on the camp, and games. There will be a USA Hockey ADM approved workout each day of the camp. Camps also involve outside stick-handling & shooting work along with other outdoor activities. Each camp will be four days of skills progressions which are designed to help players take their game to the next level. Please note that all Summer camps run Monday-Thursday of the given week.

**ENCLOSE \$50 DEPOSIT CHECK
OR SEND FULL PAYMENT TO
THE HOCKEY HUT
P.O. BOX 4767
CLIFTON PARK, NY 12065
TO RESERVE YOUR SPOT**

**\$235 FOR HALF DAY CAMP
\$335 FOR FULL DAY CAMP**


HOCKEY HUT
TRAINING CENTER