

CHCI APPLICATION

Please print this page, fill it out and send it to the address shown at the bottom.
This form is formatted to print correctly using the Medium or Smaller text size in your browser.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ CAMPER #: _____
DEPOSIT: _____ 2nd PAYMENT: _____
JERSEY: _____ MEDICAL FORM: _____; LETTERS: 1st _____ 2nd _____
COMMENTS/NOTES: _____

Step 1: Select Payment Options

- Cheque (payable to Hockey Ministries International)
 Money Order

**For cheque or money order payments, a deposit of \$150.00 must accompany application.
Please include post-dated cheques or money order for the balance of payment, dated minimum
1 month before start date of camp.**

Note there is a \$20 administrative processing fee if registering after April 15th added to the camper fee.

Credit Card (**Full Payment Only**)

- VISA
 MasterCard

Card Number: _____ Expiry Date: ____/____ Amount: _____

Full Name of Cardholder: _____

Signature of Cardholder: _____

Step 2: Order Jersey Size

For All Campers: FREE Jersey

Select size below:

Men's Small Medium Large X-Large 2-XL

Goalies with oversized equipment: 2-XL

Step 3: Fill Out Registration Form

1st Choice Camp Location _____ Dates _____

2nd Choice Camp Location _____ Dates _____

Last Name: _____ First Name: _____

Parent's/Guardian's Full Name (please print) _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Camper Email: _____

CONTACT INFO FOR (please circle): Mom Dad Guardian

Phone: Home _____ work _____
cell _____ Emergency _____
Fax _____ email _____

CAMPER REGISTRATION INFORMATION

Birth date (YY/MM/DD): _____ Age at Camp: _____

Please circle: **Male** or **Female**

Roommate/Friends Request: (accommodated where possible): _____

Height: _____ Weight: _____

Please circle position played: Defense Forward Goalie

Hockey Association: _____ Level Played (2012): _____

I am a: **New camper** **Returning camper**

Medical Conditions: [] Asthma [] Diabetes [] Epilepsy [] Allergies
[] Other: please specify: _____

Medicine(s) to be taken at camp: _____

How did you hear about this camp? [] Past Camper [] Arena Poster [] Internet
[] Magazine/Newspaper [] Other: _____

Step 4: Read and Sign Release and Indemnity Form

In consideration of the acceptance of my child _____
(Please print name) as a participant in the Christian Hockey Camps International (CHCI)
program of Hockey Ministries International (HMI), I, the undersigned parent/guardian,
hereby release and discharge HMI from any and all claims, demands, actions and causes
of action which I may have for any damages, loss or injury suffered by my child
or incurred by me and resulting directly or indirectly from the participation of
such child in such program. I hereby undertake to indemnify HMI and its servants,
agents and employees and hold them harmless from and in respect of any and all
claims, demands, actions and proceedings which may be brought by or on behalf of
my said child against HMI arising out of his/her participation in the aforesaid
program and in respect of any damages, loss or injury incurred by him/her during or
as a result of such participation, including all costs and expenses incurred in
defending any and all such claims, demands, actions and proceedings.
I give permission for my child to participate in planned, off-campus activities
which individual camps may schedule. I give permission for my child's photo to be used in
HMI and CHCI promotional material.

Dated this _____ day of _____, 2012

Signature (Parent/Guardian): _____

Print Name: _____

MEDICAL AUTHORIZATION: I hereby authorize the staff of the Christian Hockey Camps
International to make any and all decisions regarding the emergency treatment of
my child.

_____ (child's name)

Dated this _____ day of _____, 2012

Signature (Parent/Guardian): _____

Give type and policy number. Indicate Provincial Health Card #or State Number if applicable:

DAMAGES AUTHORIZATION: The parent/guardians of the camper will be expected to pay any damages to residential/campus property resulting from the camper's behavior while attending Christian Hockey Camps International.

Dated this _____ day of _____, 2012

Signature (Parent/Guardian): _____

**The Parent/Guardian must provide adequate medical insurance for the camper. **

Out-of-country campers must be sure that appropriate medical insurance coverage is obtained.

**A Medical Form will be forwarded to you, to be completed and brought to camp. **

** I understand that in the event of a cancellation on my part there is a non refundable fee of \$70.00.**

Step 5: Fax application to: 514-394-9449

Mailing Address:

**Hockey Ministries International
PO Box 7, Windsor Station, Suite 265.
1100 de la Gauchetiere West, Montreal, Qc., H3B-2S2**

Phone: 514-395-1717

Fax: 514-394-9449

CHECK LIST - Before mailing or faxing, review the following to ensure that you have completed each step.

Fill out application Read & sign Release and Indemnity Form Order jersey size

Include payment (Cheques or money orders should be made out to Hockey Ministries International):

1. Deposit of \$150.00 if paying by cheque or money order dated same date as your registration.
Please include post-dated cheques for the balance of payment, dated minimum 1 month before camp start date.
2. Full payment if paying by credit card.
3. If you are registering after April 15th, please add \$20 to the camper fee.