BODYSMITH

SPORTS PERFORMANCE TRAINING & SPORTS MEDICINE CLINIC .

Registration Form:

Camp: Elite Minor Atom Hockey Camp Elite Atom Hockey Camp

First Name: _____ Last Name: _____

Age: _____ Email Address: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Current Medications-Conditions-Allergies: _____

Team Played for in 2010/2011 Season: _____

Position: _____

T-Shirt Size: M L XL

Method of Payment

Credit Card # _____ Expiry (M/Y) _____/_____ Security Code: _____

Interact Cash Cheque

Client Consent

In consideration of the acceptance of this application and the services to be rendered and the facilities to be made available to me by Bodysmith Training and Aerobic Studios Inc., I, for myself, my heirs, and any other interested parties HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE Bodysmith Training and Aerobic Studios Inc. and all their respective employees, officers, and agents OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS, AND CAUSES OF ACTION, WHETHER IN LAW OF EQUITY, IN RESPECT OF DEATH, INJURY, LOSS, OR DAMAGES TO MY PERSON OR PROPERY, HOWEVER CAUSED, arising prior to, during, or after any test, program, assessment, treatment, or attendance at Bodysmith Training and Aerobic Studios Inc. and NOTWITHSTANDING THAT ANY SUCH CLAIM MAY HAVE BEEN CONTRIBUTED TO OR OCCASSIONED BY THE NEGLIGENCE OF ANY OF THE AFORESAID.

Date **Athlete Signature (Parent or guardian if under 18 years of age)**

Register for BSI Elite Hockey Camps
Please fax to 905-833-6133