

**HOCKEY MONTREAL INTERNATIONAL**  
**Summer 2018 Registration form**  
**ALL 7 WEEKS @**  
**Glenn J. Chamandy arena (LCC arena)**

PLEASE CHECK THE DATES AND PROGRAM SELECTED

<b>Weeks</b>	<b>DATES :</b>	<b>PROGRAM :</b>
1	JUNE 25-29	JUNIOR CAMP
2	JULY 2-6	SENIOR CAMP
3	JULY 9-13	ELITE FWD + DEF CAMP
4	JULY 16-20	GOALIE CAMP
5	JULY 23-27	CIT PROGRAM
6	JULY 30-AUG 3	
7	AUGUST 20-24	
<b>Ext. Day Service \$30.00/wk.</b>		

Hockey Montreal Intl. reserves the right to place players according to their skill level

**Player:** \_\_\_\_\_

First name \_\_\_\_\_ Family name \_\_\_\_\_

**Address:** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Prov./ State \_\_\_\_\_ Postal code/Zip \_\_\_\_\_

**Medicare #:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Home telephone#:** \_\_\_\_\_

**Birth Date (M/D/Y):** \_\_\_\_\_

**Hockey Level 2017-18:** \_\_\_\_\_

**Parent 1:** \_\_\_\_\_ **SIN # for RL-24:** \_\_\_\_\_

**Tel. work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent 2:** \_\_\_\_\_ **SIN # for RL-24:** \_\_\_\_\_

**Tel. work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

The undersigned agrees that Hockey Montreal Int., its employees and agents, nor Sodem Inc. will not be held responsible for any accidents or loss, however caused, and hereby releases each of them from all claims and damages, which may arise as a result or by reason of such accident or loss. There are no refunds for cancelled weeks.

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

**Payable by cheque to: HOCKEY MONTREAL INT.**

**4950 Borden Ave.**  
**Montreal, Qc, H4V 2S8**  
**OR**

**By E-transfer: eric@hockeymontreal.com**