



Peak Performance Power Hockey
70 Jefferson Road
Franklin, MA 02038

A \$100 minimum (non-refundable) deposit per child must be sent, along with this signed application, in order to reserve a spot for your son/daughter's participation. The remaining balance is due on your first day of camp. Full payment would be appreciated as it minimizes first day of camp confusion. Reduce font size if you need to make it fit.

For your convenience, you may type in the requested information on this form. Then, just print out this form, sign where indicated, and send it to the address below. It's that simple!

SELECT A CAMP

POWERSKATING - \$155

POWERSKATING & PUCK CONTROL - \$160

POWERSKATING & SKILLS - \$165

SELECT AGE GROUP

OR SELECT A CLINIC

Please enter your clinic start date

Weekly Clinic (1 day a week/12 weeks) - \$195

/ /

Child's Name

DOB

Parent's Name

Street

City

State

Zip

Phone number

Email Address

Emergency Contact

Emergency Phone

Does your son/daughter take any medications, or have any unusual medical needs that should be brought to the attention of our staff? Yes No

If so, please attach a detailed description of the medical needs of your child with this application. Thank you.

I/We, the parent(s)/guardian(s), of the above named player and registered participant, give my/our consent for his/her participation in any and all Peak Performance Power Hockey activities. I/We assume all risks, liabilities and incidentals to my/our child including transportation to and from activities; and release and discharge any Peak Performance Power Hockey School Board of Director, sponsor, coach, supervisor, participant and/or person transporting my/our son/daughter to and/or from any activity for any claim arising out of and injury or death to my/our son/daughter, whether the results of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance the Peak Performance Power Hockey School holds at the time of the accident or liability caused by my/our son/daughter I/We further agree that my/our liability shall further include any and all damages caused by my son/daughter to property not owned by Peak Performance Power Hockey and that I/we will reimburse the owners/managers of said property for any and all damages caused by my son/daughter.

Please print your full name

Please mail payments to:

Peak Performance Power Hockey
70 Jefferson Road
Franklin, MA 02038

Signature

Date

Discounts - Parents sending more than one child can reduce costs of each additional child, \$15.