



HOCKEY NEWFOUNDLAND & LABRADOR HIGH PERFORMANCE 2013 FEMALE ZONES CAMP

Return the completed form with the applicable Registration Fee of \$125.00 to the Hockey NL office by March 8, 2013

Hockey Newfoundland & Labrador

P.O. Box 176, Grand Falls-Windsor, NL A2A 2J4

Ph: (709) 789-5512 Fax: (709) 489-2273 Email: office@hockeynl.ca

Please check the following:

Division:

- ☐ Female U15 (Born 1999, 2000, 2001) ☐ Female U17 (Born 1997, 1998)

Location: *(Location and Dates are available on Page 2 of this form)*

- ☐ East Camp (CBS) ☐ Central/Western (Gander) ☐ Labrador (TBD)

Apparel: *A jersey will be provided at Zone Camps, all other apparel sizing will be used for Summer camp selections.

ITEM	ADULT SIZES	YOUTH SIZES
Short Size (please circle)	XS S M L XL XXL	L XL
Shirt/Jacket Size (Please circle)	XS S M L XL XXL	L XL

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____

TOWN: _____ **POSTAL CODE:** _____

E-MAIL ADDRESS: _____

TELEPHONE #(very important): _____ **FAX #:** _____

BIRTH DATE (mm/dd/yr): _____ **SHOT(L/R)** _____ **POSITION:** _____

Parental contact incase of accident or emergency:

Name: _____ **Contact Number:** _____

Office Use Only

Date Received: _____

Amount Paid: _____

Receipt#: _____

LOCATION AND DATES:

CENTRAL/WESTERN: Female U15 and Female U17 (Gander, April 12-14)

EASTERN: Female U15 and Female U17 (CBS, April 12-14)

LABRADOR: Female U15 and Female U17 (dates and location to be determined)

SCHEDULES: A detailed schedule for each zone camp will be posted on the Hockey NL website no later than March 15, 2013. www.hockeynl.ca/development/high-performance-program/

PAYMENT:

PROVIDE FULL AMOUNT \$125.00 PAYABLE TO HOCKEY NL IN FORM OF CHEQUE OR MONEY ORDER.

REFUND POLICY:

The **High Performance Program** shall offer to refund registration fees paid by participants under the following circumstances:

Notification to withdraw from the Program is provided to Hockey Newfoundland and Labrador's **Executive Director (ctulk@hockeynl.ca or fax 709-489-2273)** no later than 21 days in advance of the phase to be attended; or the individual withdraws for reason of injury and the request is accompanied by a physician's confirmation that the individual is unable to participate due to physical reasons **and is filed with the Executive Director (ctulk@hockeynl.ca or fax 709-489-2273) prior to the first session of the phase to be attended.** Any individual who requests a refund for an injury that occurred later than 21 days in advance of the phase to be attended and is also uncertain if they will be cleared to play, must notify the High Performance Program Coordinator no later than 21 days in advance of the phase to be eligible for a potential refund request. This is to ensure the program can identify a potential alternate in a timely manner; if an alternate cannot be identified, refunds may not be approved.

The individual withdraws for compassionate reasons and the request is approved by Hockey Newfoundland & Labrador.

Individuals who register but fail to serve the proper notice of withdrawal will not receive a refund.

Participants who become injured during a phase of the Program, or for compassionate reasons wish to leave a phase of the Program, **are not eligible for a refund.**

ALL APPROVED REFUNDS WILL BE CHARGED A 25% ADMINISTRATION FEE.

If there are any questions related to the content in these forms or general inquiries please contact Paul Dagg, Technical Director, Hockey NL (709) 747-7897 or pdagg@hockeynl.ca