

Dakota Community Centre
Optimal 7 Week Spring Powerskating and Skills Camps
Individual Registration Form

Player's Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: (H) _____ Cell: _____

Sex: M__ F__ Birth Date: m____/d____/y____

E-mail Address: _____

Camps:

- 7 - 9 Skating and Hockey Skills (\$155.00 – 7 sessions)
- 10 - 13 Skating and Hockey Skills (\$155.00 - 7 sessions)
- 7 – 10 Powerskating Camp (\$155.00 – 7 sessions) No Pucks
- 11 - 15 Powerskating Camp (\$155.00 – 7 sessions) No Pucks

Cost: \$155.00 (FOR ALL CAMPS)

VISA or MasterCard #: ____/____/____/____/ Expiry Date: __/__

Authorized Credit Card Signature: _____

Consent and Waiver of Responsibility: The participant of the aforementioned program agree that the Dakota Community Centre and its staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community Centre from all claims or damages which may arise as a result of such accidents or loss.

Parent/Guardian Signature: _____ Date: _____

Contact Anthony Knapp, Program Manager at 254-1010 (201) or email at dakotaccpm@shaw.ca