

# Optimal Training Academy Application Form 2008

Player's Name \_\_\_\_\_ Address \_\_\_\_\_ City (or Town) \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell. \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_ F \_\_\_  
 Date of Birth D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_  
 Manitoba Health # (9 digit) \_\_\_\_\_  
 2007-8 Classification (Please circle) A1, A2, A3, AA, AAA, High School, Other \_\_\_\_\_  
 VISA or MasterCard #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_ / \_\_\_  
 Authorized Credit Card Signature: \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Please send me Dakota C.C programs via e-mail Yes \_\_\_ No \_\_\_

**PROGRAM CHOICES:**

(Please check)

1. \_\_\_\_\_ **Optimal Spring and Summer Session** **Please check desired month(s)**  
 \_\_\_\_\_ \$450.00 monthly      May \_\_\_ June \_\_\_ July \_\_\_ August \_\_\_  
 \_\_\_\_\_ \$1600.00      May to August inclusive (save over \$200.00)  
 \_\_\_\_\_ \$250.00 monthly      Dryland Training Only: May \_\_\_ June \_\_\_ July \_\_\_ August \_\_\_  
 \_\_\_\_\_ \$200.00 monthly      On-Ice Training Only: May \_\_\_ June \_\_\_ July \_\_\_ August \_\_\_
  
2. \_\_\_\_\_ **Optimal Fall and Winter Session** **Please check Program Choice**  
 \_\_\_\_\_ \$150.00 monthly, Dryland Training: Oct \_\_\_ Nov \_\_\_ Dec \_\_\_ Jan \_\_\_ Feb \_\_\_ Mar \_\_\_
  
3. \_\_\_\_\_ **Optimal Team Training Program** **Please check Program Choice**  
 \_\_\_\_\_ \$85.00 for 10 sessions in spring      (April 1 – June 30)  
 \_\_\_\_\_ \$85.00 for 10 sessions in summer      (July 1 – September 30)  
 \_\_\_\_\_ \$85.00 for 10 sessions in fall      (October 1 – December 15)  
 \_\_\_\_\_ \$85.00 for 10 sessions in winter      (January 15 – March 30)

**Camp Parental Consent and Waiver of Responsibility:** The applicant agrees that the Dakota Community Centre and it's instructional staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community from all claims or damages which may arise as a result of such accidents or loss.

**League Consent and Waiver of Responsibility:** The players of the aforementioned team agree that the Dakota Community Centre and it's staff will not be held responsible for any accidents or loss of personal property, and agrees to release Dakota Community Centre from all claims or damages which may arise as a result of such accidents or loss. Teams are expected to submit a valid Credit Card # which will be used to clear all Outstanding League Fees for their team.

**Consent to Collection, Use and Disclosure of Personal Information:** I understand that, by completing this Form, the Dakota Community Centre is collecting certain personal information about my child, me and other members of my Family (including if necessary, my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in the Dakota Community Centre's Sports, Recreational, and Instructional Programs, and that such use will necessarily involve the disclosure of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), coach(es) and manager(s), and the use of such disclosed personal information by such association(s), group(s), coach(s) and manager(s) as may reasonably be required in order to conduct the Dakota Community Centre's Sport, Recreational and Instructional Programs. I hereby consent to such collection, use and disclosure of this personal information.

**Parent and/or Manager's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (On behalf of the aforementioned team or individual)

**Special Requests** \_\_\_\_\_