



ADMIN ONLY: DATE REC _____
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PAID VIA: <input type="checkbox"/> Chq # _____ <input type="checkbox"/> Cash _____
<input type="checkbox"/> Other _____

**NorthwestTel presents**

**15<sup>th</sup> Annual Summit & YIHA "Learning to Lead" Hockey School**

**Camp Date: July 31<sup>st</sup> to August 4<sup>th</sup>, 2017 | Time: 9:00am to 4:30pm | Camp Cost \$375**

**Ages 5 to 17 | Canada Winter Games Centre | Whitehorse, Yukon**

**PLAYER INFORMATION**

**Name:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Gender:** Select Gender \_\_\_\_\_ **Age at time of Camp:** Click here to enter text \_\_\_\_\_ **Date of Birth:** Players Birthdate \_\_\_\_\_

**Yukon First Nation:** Choose your First Nation \_\_\_\_\_

**Aboriginal Ancestry:** Click here to enter text \_\_\_\_\_

**Last team played for:** Choose division \_\_\_\_\_ **Last Level played at:** Choose level \_\_\_\_\_

**Mailing Address:** Click here to enter text \_\_\_\_\_ **Preferred phone number:** Click here to enter text \_\_\_\_\_

**Email Address:** Click here to enter text \_\_\_\_\_

**MEDICAL/NURTITIONAL INFORMATION**

**List any medical/nutritional conditions, allergies or medications:** Click here to enter text \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

**Parent/Guardian name:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Parent/Guardian Phone Number:** Click here to enter text \_\_\_\_\_

**Additional Contact info:** List any additional contact info \_\_\_\_\_

**Email Address:** List any additional contact info \_\_\_\_\_

**PAYMENT OPTIONS & REGISTRATION POLICIES (Your spot is not guaranteed until paid in full)**

Fill out this form and deliver with either of the following: (save a copy for your records)  
**Sport Yukon address: 4061 4th Avenue Phone: at 867.668.4236 Fax: to 867.667.4237**

Cash \$ \_\_\_\_\_  Cheque \$ \_\_\_\_\_ (please make cheques payable to Yukon Indian Hockey Association)

Sponsorship by \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Payments can be made at Sport Yukon - fax registration (add 5.5% per transaction)

**FEE CANCELLATION PRIOR TO JULY 1<sup>st</sup>, 2017** - In the event of a participant cancellation prior to July 1<sup>st</sup>, 2017, there will be a \$50 service fee charged. No refunds will be made after July 1<sup>st</sup>, 2017 unless approved by YIHA.

**COMMENTS OR INQUIRIES? PLEASE DIRECT TO:**

Joe Martin Instructor Phone: 250.936.8875  
 Karee Vallevand Camp Coordinator Phone: 867.334.6548  
 Email: yihahockey@gmail.com

<p><b>Yukon Indian Hockey Association</b>          Box 31769, Whitehorse, Yukon Y1A 6L3          Phone : 867.456.7294 Fax : 867.456.7290          Website : www.yiha.ca          Email: <a href="mailto:yihahockey@gmail.com">yihahockey@gmail.com</a></p>
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Date: Enter date \_\_\_\_\_

Signature: \_\_\_\_\_