



Twist Scary Skate U17 High performance Hockey Development Camp

2010 REGISTRATION FORM

Full Name			
Street Address			
City	Province	Postal	
Home Phone	() -	Cell: ()	-
E-mail		Fax: ()	-
How did you hear about us?			
Camp Options and Fees			Your Fees
Technical Development & Conditioning: 4-1 hour on-ice AND 4-75 min off ice = \$275			=
Intensive Development & Conditioning: 4-1 hour on-ice AND 8-off ice sessions = \$320			=
Performance Package: 4-1 hour on-ice, 6- off ice AND 5 day Spring Break Camp = \$399			=
On-ice only for athletes currently registered in Twist training = \$150			=
Family Discount if 2 or more athletes from same family 10%			-
SubTotal			=
Plus GST (5%)			+
GRAND TOTAL			=
Thank You! Please drop off completed form at the Twist Sport Conditioning Centre or Fax to 905.217.0666			

Visa/Mastercard: _____ Expiry: _____ Verification #: _____

Cheque - *If you are paying by cheque please mail or drop at the facility with your registration form. Please make cheques payable to the Twist Sport Conditioning Centre.

TERMS & CONDITIONS - Please read carefully

- All participants must submit an **Intake and Par-Q form** available from the centre or online at www.twistwhitby.com
- **CANCELLATION/REFUND POLICY**
 - 1) Written Cancellation 14 calendar days prior to start date of program= Full refund minus 10% administration fee of full price paid.
 - 2) Inside 14 calendar days prior to start date - Refund less 20% administration fee of full price paid.
 - 3) No refund once program has commenced. In the case of an injury or major illness, the participant will be granted a credit for future sessions.
- **SESSION POLICY**
 - 1) All sessions must be paid in advance before training begins. Payment plans are available subject to approval.
 - 2) All sessions will begin at the scheduled time. No refund or credit will be granted for missed sessions.
 - 3) You agree to inform your coach of any conditions or changes in your health at any time while participating in the Program, which might affect your ability to train safely and with minimal risk of injury.
 - 4) Missed sessions can be substituted with another session or program based on availability.

I agree to the above terms: **Name:** _____ **Signature** _____ **Date:** _____