

2008 NMU Hockey Summer School

How to Register for Camp

July 7-11 July 14-18 July 21-25

POSITION

PLEASE CIRCLE: FORWARD DEFENSE GOALIE

Name: (Last) _____ (First) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ Date of Birth: _____

Age: _____ Last Grade Completed: _____ Last Level Competed At: _____

***The NMU Hockey School coaching staff reserves the right to evaluate players to place in appropriate skill group.**

AUTHORIZATION: I consider the hockey registrant above to be in good health and permission is granted to participate in all program activities, unless otherwise indicated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son/daughter. I understand that I will be notified in case of serious illness. All medical bills incurred by my son/daughter will be my responsibility.

Parent/Guardian Name: _____

Parent Signature: _____ E-mail address: _____

Health Insurance Carrier/Policy Number: _____

Restricted Activities: _____

Known Drug Allergies: _____

Medical Conditions (i.e. diabetes, asthma, cardiac conditions): _____

Medications: _____

Complete registration form with full payment.
Make check or money order payable to:
Northern Michigan University

Mail to:
Intercollegiate Athletics and Recreational Sports
1401 Presque Isle Ave.
PEIF Office 126
Marquette, MI 49855

Credit Card Holders Only	MC	<input type="checkbox"/>	Visa	<input type="checkbox"/>
Card #	_____			
Exp. Date	_____	Amount	\$345	
Print Name	_____			
Signature	_____			

Paid _____ Date _____ Method _____ Confirm _____

Complete the registration form in this brochure. Please note that a parent/guardian signature is required. Mail completed registration form along with full payment to Northern Michigan University at the address listed on the registration form.

Attention: Full payment is required upon registration.

Refund Policy

All cancellations must be received in writing, by fax or e-mail. Full refunds will be made for cancellations received at least 10 days before camp begins. Once this deadline has passed, refunds will be assessed a \$25 fee for administrative expenses. For refunds, the postmark of the cancellation letter, fax machine date stamp or e-mail date will determine the date to be used to establish the refund amount. Written requests must explain the reason for the cancellation request. Refunds for campers who leave early will be based on the cost of housing and food, the number of instructional periods attended, and the deduction of the \$25 administration fee.

This refund policy will be strictly enforced, regardless of the reason for cancellation or early departure. Departing campers should consult with the camp director when an early departure or cancellation is necessary.

If a camp is cancelled or postponed, the University will refund registration fees but cannot be held responsible for any related costs, charges or expenses including cancellation/change charges assessed by airlines or travel agencies.

All refund requests must be sent or faxed to:
*Intercollegiate Athletics and Recreational Sports
1401 Presque Isle Avenue
PEIF Office 126
Marquette, MI 49855
Fax: 906-227-1694*

Cost:
\$345 per person (lunch included)

Any questions, please call: 906-227-2519
Or check the web: www.nmu.edu/athletics