

NMU Hockey 2009 Summer Camp

Name: Last _____ First _____

Address: _____ State: _____ Zip: _____

Phone: Home: _____ Work/Cell: _____

Age: _____ Grade as of September 2009: _____ Date of Birth: _____

Please circle one of the following positions: Forward Defense Goalie

Please circle the last organized level played at: Mite/Squirt Squirt/PeeWee PeeWee/Bantam Goalie

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

Parent/Guardian Name: _____

E-mail Address: _____

Health Insurance Carrier/Policy Number: _____

Restricted Activities: _____

Known Drug Allergies: _____
(i.e. diabetes, asthma, cardiac conditions)

Medical Conditions: _____

Medications: _____

Authorization: I consider the hockey registrant above to be in good health and permission is granted to participate in all summer 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 Signature: _____ Date: _____

Complete registration form with payment. Please note: **Full payment is required upon registration.**
Make check or money order payable to: Northern Michigan University

CREDIT CARD HOLDERS ONLY:

Card # _____ Exp. Date _____

Amount \$ _____ Print Name: _____

Signature _____

Paid _____ Date _____ Method _____ Confirm _____

**Hockey Summer Camp
July 6-10, 13-17**

Camp Costs

Camp fee: \$345 per person (lunch included)

Please check one of the following:

- July 6 - 10 Mite, Squirt, Pee Wee, **All Goalies**
 July 13 - 17 Mite, Squirt, Pee Wee, Bantam

Full payment is required upon registration

Registration Deadline: July 1, 2009

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 for 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 cancellation request.

Refunds for campers who leave early will be based on the cost of food, number of instructional periods attended and the deduction of the \$25 administration fee.

The 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 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 Ave.
PEIF Office 126
Marquette, MI 49855
Fax: 906-227-1694

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