

STU TOMMIES ALL-FEMALE HOCKEY SCHOOL

TAKE THE NEXT STEP

JULY 4 - 8, 2011
REGISTRATION FORM

PLEASE PRINT

Name: _____ Birthdate (mm/dd/yy): _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Name of Parent/Guardian: _____ Parent's Email: _____

Home Phone: _____ Daytime Phone: _____

Position: Forward Defense Goal

Program: Novice Atom/PeeWee PeeWee/Bantam Bantam/Midget

Medicare Number: _____

Allergies or Health Concerns: _____

Special Dietary Concerns (required by June 1): _____

SHIRT SIZES* (check one)		
Youth Small	26"-28"	<input type="checkbox"/>
Youth Medium	28"-30"	<input type="checkbox"/>
Youth Large	30"-32"	<input type="checkbox"/>
Youth X-Large	32"-34"	<input type="checkbox"/>
Women's X-Small	33.5"	<input type="checkbox"/>
Women's Small	33.5"-35.5"	<input type="checkbox"/>
Women's Medium	36"-38"	<input type="checkbox"/>
Women's Large	38.5"-40.5"	<input type="checkbox"/>
Women's X-Large	41"-43"	<input type="checkbox"/>
Women's XX-Large	43"+	<input type="checkbox"/>

CHEST SIZE

*cannot guarantee after June 1

On Monday, all players are asked to arrive 45 minutes before their scheduled start time.

Cheque (\$375 or \$250 for Novice) payable to: St. Thomas Women's Hockey School
(please do not send cash through the mail)

In Person:
J.B. O'Keefe Fitness Center - STU Campus
65 Dineen Drive, Fredericton
(Monday - Friday: 8:30am - 4:30pm)

By Mail:
St. Thomas Athletics
65 Dineen Drive
Fredericton, NB E3B 5G3



Please note that the organizers reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety and rights of others, or who appears to have rejected reasonable controls of the camp.

I hereby give consent for the above named child in my care to participate in the St. Thomas University All-Female Summer Hockey School. I confirm that, to the best of my knowledge, she is physically fit to take part in all activities. I release St. Thomas University, its staff and employees, from any loss, personal injury, accident, misfortune or damage either to the participant or her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the participant. I consent to the use of pictures taken during the hockey school to be used for future promotion.

Signature of Parent/Guardian: _____ **Date** (mm/dd/yy): _____

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JULY 4-8, 2011 LADY BEAVERBROOK RINK

**ATOM/PEEWEE
Recreational**

ICE: 7:45 AM-9:00 AM
DRYLAND: 9:30 AM-10:15 AM
CLASSROOM: 10:30 AM-11:15 AM
LUNCH: 11:30 AM-12:15 PM
ICETIME: 12:45 PM-2:00 PM
DRYLAND: 2:30 PM-3:15 PM
CLASSROOM: 3:45 PM-4:30 PM

**PEEWEE/BANTAM/MIDGET
Competitive**

CLASSROOM: 8:00 AM-8:45 AM
ICETIME: 9:15 AM-10:30 AM
DRYLAND: 11:00 AM-11:45 AM
LUNCH: 12:00 PM-12:45 PM
CLASSROOM: 1:00 PM-1:45 PM
ICETIME: 2:15 PM-3:30 PM
DRYLAND: 4:00 PM-4:45 PM

**BANTAM/MIDGET
Advanced**

DRYLAND: 8:30 AM-9:15 AM
CLASSROOM: 9:30 AM-10:15 AM
ICETIME: 10:45 AM-12:00 PM
LUNCH: 12:30 PM-1:15 PM
DRYLAND: 1:30 PM-2:15 PM
CLASSROOM: 2:30 PM-3:15 PM
ICETIME: 3:45 PM-5:00 PM

COST: \$375

CONTACT: PETER MURPHY AT 452-0539 OR PMURPHY@STU.CA

LIMITED SPACE AVAILABLE