



Telephone : 905 251-3715 Fax: 905 235-3715

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J4K Toronto Summer Training 2010

Student Name: _____ DOB: _____ M F
 Address: _____ City: _____ Prov: _____ Postal: _____
 Home Phone: _____ Cell: _____ Email: _____
 Parents Names: _____ Club: _____
 Health Card #: _____
 Please list any medical conditions/concerns: _____

T Shirt Size: _____ Pant Size: _____ Glove Size: _____

Program Location: Metro Sports Centre

Programs: Monday Junior Novice Wednesday Junior Senior

J4K Uniforms available for \$40.00 if you don't already have one.

Cheques Payable to: Just 4 Keepers *Please note a \$25 .00 charge will apply to all returned cheques.*

Cancellation Policy: Requests for refunds must be submitted in writing prior to the first session. A \$50.00 administration fee will be applied to all refunds. There will be no refunds once a program commences. In the event that another student fills the spot then a credit note minus the \$50.00 administration fee will be provided to be used against the cost of future J4K programs.

Consent / Waiver Info *REQUIRED*

Student's Name: _____ **Date** _____

General: I authorize Just4Keepers Canada permission to take Photos and Videos of son/daughter _____ in training sessions when required. Pictures/vi deos taken may be used only for promotional purposes and for training logs.

Release/Waiver of Liability for a Minor Child: I the undersigned, individually and as parent or guardian of my son/daughter _____, a minor, ask that he/she be admitted to participate in Just4Keepers Canada's training. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the directors of Just4Keepers Canada and its employees from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out the minor's attendance during the program.

Medical Authorization / Release: I hereby authorize the directors and coaches of Just4Keepers Canada to provide care and medical treatment as necessary to my son/daughter _____. In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to conta ct me. However, in the event of an emergency, if I cannot be reached, I hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Privacy Policy: All personal information collected for billing, administration and J4K purposes will not be shared with, or forwarded to, a third party at any time without the permission of the client.

I the undersigned, have reviewed and understood all the above information:

Print Name of Parent/Guardian or Legal Age Student X _____

Parent/Guardian or Legal Age Student Signature: X _____