



OFFICE USE ONLY

Program _____

Week(s) _____

PLEASE COMPLETE THIS FORM AND THE CONFIDENTIAL HEALTH REPORT FORM AND BRING THEM WITH YOU THE FIRST DAY OF CAMP. YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE CAMP WITHOUT THE COMPLETED FORMS.

Huron Hockey School
9400 Charter Crossing, Suite D
Mechanicsville VA 23116
Fax 804 550 7004
email: info@huronhockey.com

BEHAVIORAL CLAUSE FORM

I hereby agree to comply with all written and verbal regulations and rules enforced by the staff or their immediate representatives. I acknowledge that failure to comply could result in removal from the activity and/or immediate expulsion from the activity, course and Program, without any Program refund or credit.

It is understood that irresponsible behavior will not be tolerated, especially in connection with alcohol, tobacco and any other non-medical drugs.

Any doubts I have about the rules and/or their application will be brought to the attention of the staff person responsible.

Any charges incurred as the result of non-compliance of Huron Hockey School rules will be borne by the individual i.e. travel fare, damage charges, fines, etc.

Students driving to school must check their keys with the Camp Administrator upon registering.

Student s Name (Please Print) _____

Student s Signature _____ Date _____

Parent s Name (Please Print) _____

Parent s Signature** _____ Date _____

** Signature of Parent or Guardian is required if participant is under 18 years of age.