

**PROFESSIONAL HOCKEY ACADEMY**  
**CAMP REGISTRATION & WAIVER**

Camp Location of Attendance : \_\_\_\_\_ Date of Camp: \_\_\_\_\_

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Position Played: \_\_\_\_\_ Previous Year Team/Level: \_\_\_\_\_

Street Address: \_\_\_\_\_ Players Phone #: (M/H) \_\_\_\_\_

\_\_\_\_\_ Parents Phone #: (M/H) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver Agreement:**

I, \_\_\_\_\_ parent/guardian of the camper, hereby authorize the staff of the Professional Hockey Academy, to act for me according to their best judgment in any emergency requiring medical attention, and if necessary seek and provide appropriate medical attention for the camper. I will be responsible for the costs of the medical attention and treatment. I hereby waive and release the Professional Hockey Academy, staff, and facility from any and all liabilities for injuries, illness, or loss of property incurred while attending the camp. Parents must notify camp staff prior to commencement of the camp, of any special needs. The camp staff has the right to expel or dismiss any camper who uses inappropriate conduct, language, or behavior. In which case there will be no refund.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Health Insurance Company

Please List any health needs your child has that camp should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Please fill out this PHA Camp Registration Form and Waiver. Then mail it along with the first \$125 nonrefundable camp payment, payable to PHA Hockey Camp to:

PHA Hockey Camp  
4201 Hollenbeck Drive  
Perrysburg, OH 43551