



# BEN VANDERKLOK GOALTENDING

55 GOLDEN BLVD  
WELLAND, ONTARIO L3B 1H5  
615.767.6808  
[Bvg.lessons@hotmail.com](mailto:Bvg.lessons@hotmail.com)

## 2018 REGISTRATION FORM

STUDENTS FULL NAME: \_\_\_\_\_

PARENTS/GAURDIANS NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: male / female YEARS EXPERIENCE: \_\_\_\_\_  
mm dd year

2017/2018 LEVEL OF PLAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
# street name city prov/state postal/zip

PARENTS EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

**\*Please indicate preferred contact number**

PLEASE SELECT THE CAMP YOU WOULD LIKE TO ENROLL IN – SEE BROCHURE OR WEBSITE FOR CAMP DETAILS. IF ENROLLED IN TWO CAMPS PLEASE INDICATE TWO SEPARATE DEPOSITS REQUIRED.

CAMP:	ELITE PROSPECTS	SUPERIOR PROSPECTS	CHILD OF THE KORN
COST:	\$550 + HST (\$621.50)	\$619.50 + HST (\$700.00)	\$675 + HST (\$762.75)

\*All taxes have been included in the price above AMOUNT ENCLOSED: \_\_\_\_\_

TO SECURE YOUR SPOT PLEASE SUBMIT THIS FORM ALONG WITH THE MEDICAL FORM AND A \$200 NON-REFUNDABLE DEPOSIT PAYABLE TO:

**BEN VANDERKLOK GOALTENDING  
55 GOLDEN BLVD  
WELLAND, ONTARIO CANADA  
L3B 1H5**

**E-TRANSFERS ARE ACCEPTED AT: [BVG.LESSONS@HOTMAIL.COM](mailto:BVG.LESSONS@HOTMAIL.COM) PASSCODE: BVG**

\*DEPOSITS ARE DUE APRIL 1, 2018. THE BALANCE OF PAYMENT IS DUE JUNE 1, 2018. PLEASE NOTE, IF FULL PAYMENT IS NOT RECEIVED BY JUNE 1<sup>ST</sup> YOU WILL BE REQUIRED TO RE-REGISTER.

### REFUND POLICY:

**Your \$200 deposit is non-refundable and non-transferable. All other fees will be refunded up to 1 week (7 days) prior to the day camp begins with a written Doctors medical note. After that point 80 % of the "other fees" will be refunded with notification prior to the day camp begins. \*\*There is no refund of any of these fees if a goaltender should drop out of the camp due to injury, illness, or for any other reason the day camp begins and after. Should the goaltender be asked to leave the camp by the director because of improper conduct, etc., no refund will be made.** \_\_\_\_\_ PARENT/GAURDIAN INITIAL

PARENTS/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*CAMP ITINIERARIES WILL BE EMAILED OUT PRIOR TO CAMP. PLEASE BE SURE TO LEAVE AN UP TO DATE EMAIL ADDRESS\*\***



# BEN VANDERKLOK GOALTENDING

## 2018 MEDICAL TREATMENT AUTHORIZATION

### PLEASE MAIL WITH YOUR REGISTRATION FORM

Please complete this entire form, as it is necessary to ensure proper medical care for each student. When older participants are seen for minor illness or injuries, they are encouraged to inform their parents themselves. However, with younger students in almost every instance or with older participants with more serious problems, the physician or staff will contact parents to inform them of the problem and discuss treatment. Occasionally, we are unable to reach parents immediately. The parents signature on this medical treatment authorization form allows for treatment in these circumstances.

CAMP PROGRAM(S) ATTENDNING: \_\_\_\_\_

### PERSONAL INFORMATION

STUDENTS FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd year

GENDER: male / female

ADDRESS: \_\_\_\_\_  
# street name city prov/state postal/zip

PARENTS EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: (name of parent or contact and relationship): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

ALTERNATE CONTACT:

(name of contact and relationship): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MEDICAL BACKGROUND:

Please provide any pertinent information regarding your child's current medical health, past history, and/or medications taken that may help us better coach your child and can assist medical staff should an emergency occur.

If no medical current conditions are known, please initial: \_\_\_\_\_ (PARENT/GAURDIAN INITIAL)

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

LIST ANY MEDICATIONS BEING TAKEN AND INCLUDE DOSE AND FREQUENCY.

HAVE YOU EVER HAD ANY OF THE FOLLOWING: (PLEASE CHECK)

Asthma     Epilepsy     Diabetes     Bleeding disorder     Heart condition

ALLERGIES: \_\_\_\_\_

INSURANCE INFORMATION : Outside of Canada – Please attach Primary Medical Insurance / Dental Insurance information.



## 2018 MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE FORM

I, the undersigned \_\_\_\_\_ acknowledge that I am the parent or guardian of \_\_\_\_\_, and do hereby grant my permission for my hockey player to attend a Ben Vanderklok Goaltending Camp, and to actively and fully participate in all activities thereof. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment even if I cannot be contacted, and authorize Ben Vanderklok Goaltending and/or the local hospital to provide the needed medical treatment they deem necessary. I hereby release Ben Vanderklok and all members of the program's staff, the host ice facility and it's staff, the local hospital and their doctors, agents, employees, and representatives, and all officers of Ben Vanderklok Goaltending from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for any medical/dental care and treatment will be forwarded to me, or my insurance company, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical illness or injury and that I, as parent or guardian of my hockey player, am assuming the risk of such injury by his/her participation and release Ben Vanderklok, the program's staff, the Host Ice Rink and it's staff, and all affiliated with or participating in the Ben Vanderklok Goaltending Camps, from all liability, claims, obligations or responsibility for personal property losses, accidents or injuries of any kind. I understand the inherent risks of the training process for being a hockey player and recognize that the program is strenuous. I understand the activities that are carried out during the camp. I understand that full, legal equipment is to be worn properly at all times on ice or on the bench. I know that this camp is NOT affiliated with the Nashville Predators. I further authorize the program staff to administer non-prescription analgesics for minor medical problems such as headaches, etc. unless I have requested otherwise.

Parent / guardian signature and relationship:

\_\_\_\_\_

Hockey player's signature: \_\_\_\_\_

Date: \_\_\_\_\_