



SPRING TRAINING PROGRAM 2017

REGISTRATION FORMS

GIRLS (Youth – Junior – College)

Player Name: _____ Date of Birth (mm/dd/yyyy) _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mother: _____ Cell: _____

Work/Fax: _____ Email: _____

Father: _____ Cell: _____

Work/Fax: _____ Email: _____

Height: _____ Weight: _____ Shot: LEFT RIGHT

Position: FWD DEF GOAL

Current team/level: _____

How did you hear about HTI? _____

Program: Residential Day

Dates of attendance:

Week 1: March 20-26

Week 8: May 8-14

Week 2: March 27-April 2

Week 9: May 15-21

Week 3: April 3-9

Week 10: May 22-28

Week 4: April 10-16

Week 11: May 29-June 4 (Rush Showcase, Ontario)

Week 5: April 17-23 (CHS Showcase, Florida)

Week 12: June 5-11

Week 6: April 24-30

Week 13: June 12-16

Week 7: May 1-7

- Players report on a Sunday prior to the start of their attendance (Residential only)
- Multi-week attendance includes Sundays (Residential only)

756028 2nd Line East, Mulmur, Ontario, L9V 0G5 (Canada)

www.htistars.com Email: info@htistars.com

Tel: 705-828-5385



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REGISTRATION POLICIES

TO REGISTER:

Please fill out these forms in their entirety and submit them to our office via mail or email.

PROGRAM COST:

SPRING TRAINING PROGRAM

Residential	Day
• 1 to 2 Weeks: \$1,100 CAD/week	\$950 CAD/week
• 3 to 8 Weeks: \$1,000 CAD/week	\$850 CAD/week
• 9 to 13 Weeks: \$900 CAD/week	\$750 CAD/week

***Additional costs may apply for showcase fees, hotels, meals and transportation during the showcases. Please ask our office about the details.**

Included:

- 5 days of on-ice training (2 hrs per day)
- 5 days of off-ice training (2-3 hrs per day)
- Position-specific training, video analysis, sport psychology
- HTI jersey, socks, apparel
- Full-time professional coaching staff
- Transportation to all group activities
- Room and board with 3 meals and snacks daily (Residential program only)
- NCAA/CIS Promotion

ACCEPTANCE:

The Spring Training Program is designed with focus on personal skill development as well as strength and conditioning for each player. This program can accommodate players of various age groups, but is geared towards advanced training and is not recommended for beginner level.

Player's acceptance into the program is confirmed only after a payment has been received. A deposit of minimum of \$500 CAD is required. Full payment must be made prior to the start of the session. A payment plan could be set up upon request.

PAYMENT OPTIONS:

Payments accepted in form of Credit Card, Cheque, Money Order or Wire Transfer. Cheques or money orders should be made out to Hockey Training Institute.

CONDITIONS OF ENROLMENT:

HTI reserves the right to suspend and/or expel a player from the program for any of the following reasons: financial delinquency, falsification of registration information, or failure to abide by program and facility rules and policies. Head instructors remain the right to place a player in a group according to his/her skill level.



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CANCELATION POLICY:

In the event that it is necessary for a registrant to cancel, a refund will be granted if cancelled before 30 days prior to the start of the program, subject to a \$100 CDN administration fee. There are no cancellations/refunds after 30 days prior to the start of the program (Extreme cases will be reviewed and dealt with on case by case basis).

DAMAGE DEPOSIT:

Players will be responsible to any damages done to their room. A credit card number on file will be required as a damage deposit charges for the damages will be charged to the credit card.

TRANSPORTATION:

Transportation is provided for players from and to:

- Toronto Pearson International Airport (\$50 each way)
- Alliston Bus Station (\$25 each way)

All pick-ups and drop-offs must be made between the hours of 9am and 9pm at the Pearson International Airport. Any arrangements outside of the designated hours will be subject to an additional \$50 fee per one-way trip, assuming HTI staff is available. Players might be requested to wait at the airport, or to make alternate arrangements for transportation, if arriving outside of the designated hours.

ARRIVALS/DEPARTURES:

Location: 756028 2nd Line East, Ontario, L9V 0G5 (Canada).

I, the undersigned, have read, and understand the registration policies put forth by HTI.

Date _____ Player's Signature _____

Parent/Guardian Name and Signature

Name _____ Signature _____



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CODE OF CONDUCT

All players registered in the Hockey Training Institute (HTI) program are required to submit to a strict set of guidelines regarding their "code of conduct" while participating in the program. These are as follows:

All players will respect the integrity of the HTI, its facilities and its staff members.

Players will attend all games, on or off-ice training sessions, and video review sessions. Absence from any of these activities must be approved by HTI staff prior to the activity, and with a justifiable reason, i.e. injury, emergency.

Players must respect all facilities, to use them with care and do their part in keeping them clean. In particular, players are responsible to keep their own dorms clean, neat and tidy.

Players are required to adhere to curfews as determined by HTI. These curfews will be strictly monitored and enforced. Curfew will be 11:00pm on Sunday-Friday in your dorm and quiet. Saturday curfew will be 12:00 pm, in your dorm and quiet. Curfews are subject to change at HTI staff's discretion.

Players must understand and acknowledge that association with or use of drugs, alcohol, or tobacco of any kind is not acceptable and will not be tolerated.

Players will be responsible financially for any damages caused to the facilities as a result of their own behavior or negligence.

Players must understand and acknowledge that failure to comply with any of the above rules and guidelines will result in the suspension or expulsion of the offending player(s).

Players must inform staff supervisors when leaving the building and time expected back.

Players must inform staff supervisors when not attending regular scheduled events and will remain in the building.

I, _____, agree to abide by all rules and regulations as set out in the HTI Code
(Player's name – please print)
of Conduct and understand that my failure to comply will result in my suspension or expulsion from the program.

Date _____ Player's Signature _____

Parent/Guardian Name and Signature

Name _____ Signature _____



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AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

Acknowledging that there is great risk involved, including the potential for permanent paralysis and death, with participation in any sport, I agree that Hockey Training Institute (HTI), its agents, servants, employees, and consultants shall not be liable to me for any injury or damage resulting directly or indirectly from any participation in ice skating, ice hockey or other program activities, where incurred on the ice or otherwise in or about the buildings and properties. I further agree that I discharge Hockey Training Institute, its agents, servants, employees and consultants from all actions, claims and demands I may have for any injury or damage.

I understand that my said agreement, release and discharge, shall bind my heirs, legal representatives and assigns and shall inure to the benefit to Hockey Training Institute, its agents, servants, and consultants and their successors and assigns. It is further agreed that Hockey Training Institute does not and shall not be considered to guarantee or warrant such equipment as may be used in the condition of said program.

Hockey Training Institute reserves the right to use any pictures, video or other media taken during the school for advertising and/or instructional purposes. In the event that the player is injured during the operation of the program, permission is given for their transportation as needed to a medical practitioner/facility at my expense. We strongly recommend the all players have a physical examination prior to their participation in the program.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ X _____
Participant's Signature Print Name

X _____ X _____
Witness Date Signed

FOR PARTICIPANTS OF MINORITY AGE (Under 18 years of age at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in their program as provided above.

X _____ X _____
Parent Signature if above is under 18 years of age Print Name



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HEALTH FORM

Every player must provide sufficient insurance coverage for the duration of his/her stay in the program. HTI staff can help you purchase Ontario based insurance policy, if you cannot acquire one at home.

Player's Name: _____

Home Address: _____

Home Phone: _____ Mobile: _____

Family Doctor: _____ Phone: _____

Insured By: _____ Health Card/Policy #: _____

Emergency Contact (not immediate family)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

PERSONAL MEDICAL HISTORY

Are you currently taking any medications?

Yes No

If yes, please describe any details our staff will need to be aware of: _____

Have you any medical condition that could affect your full participation in the program's activities (on or off ice)?

Yes No

If yes, please give details and discuss the details with the HTI's staff upon your arrival to the program:

Do you have any allergies? Yes No

If yes, please provide details of allergy, reaction and medical attention required: _____

Do you have any food restrictions based upon culture or religion? Yes No

If yes, please list: _____



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TRAVEL INFORMATION

NOTE: All players must make sure they have proper travel and immigration documents in their possession when entering Canada.

Players should arrive at our residential facility on the Sunday prior to the start of their session.

Player Name: _____

Date Arriving (mm/dd/yyyy): _____

Travelling By: Car Train Plane

ARRIVAL INFORMATION

Airline: _____ Flight #: _____

Arriving From: _____ Arrival Time: _____

DEPARTURE INFORMATION

Airline: _____ Flight #: _____

Departing To: _____ Departure Date: _____ Time: _____

BUST/TRAIN INFORMATION (Alliston, ON)

Bus Line/#: _____ Arriving From: _____ Arrival Time: _____

DRIVING DIRECTIONS

For driving directions please use:

Hockey Training Institute
756028 2nd Line East,
Mulmur, Ontario, L9V 0G5 (Canada)

FIELD TRIP PERMISSION (For players under 18 years of age)

I give my son/daughter permission to attend/participate in any of HTI's planned field trips/activities during his/her stay in the program.

I give my son/daughter permission to leave HTI's facility unsupervised, including being transported by other students.

Player Name _____

Parent/Guardian Signature _____ Date (mm/dd/yyyy) _____



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RECOMMENDED ITEMS TO BRING

- Personal bedding items (sheets, covers (pillows provided))
- Extra workout clothing (running shoes, shirts, shorts)
- Extra hockey under armor
- Shower footwear
- Laundry bag (laundry facilities and detergent are available at no cost)
- Swimwear (for trips to the beach, pool)
- Personal hygiene products
- Laptop/Video Games

PERSONAL MAIL:

Please mail to:

Hockey Training Institute

Attn: Player's Name

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