



2022 SPRING PRE-SHOWCASE CAMP
(RUSH SPRING SHOWCASE)

DATES: April 11-14, 2022 (Mon – Thu) – Players can attend for anywhere from 1 to all 4 days

AGES: 2008 - 2002

CAMP PRICE: \$500 CAD for 4 days; \$150 CAD per single day.

(Rush Spring Showcase: April 15-17, 2022. Please go to www.rushhockey.ca to register)

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: _____

Included:

- 2hrs of on-ice training daily
- 1.5hrs of off-ice training daily
- Camp jersey and socks
- Transportation between the arena and the hotel for players attending without parents
- Professional coaches
- Guest NCAA coaches
- Placement opportunities for the 2022-2023 season and player evaluations

***Players attending HTI's Pre-Showcase Camp can request to be placed on the same team as other camp attendees.**



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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.

ACCEPTANCE:

Player's acceptance into the program is confirmed only after a payment has been received. Full payment must be made prior to the start of the session.

PAYMENT OPTIONS:

Payments accepted in form of Credit Card, Cheque, Money Order, Wire Transfer or e-Transfer (Canada only)
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.

CANCELATION POLICY:

In the event that it is necessary for a registrant to cancel, a refund will be granted if cancelled 15 days prior to the start of the program, subject to a \$100 USD administration fee. There are no cancellations/refunds after 15 days prior to the start of the program.

2022 camp fees are fully refundable in case the camp had to be cancelled due to Covid-19 restrictions.

TRANSPORTATION & ACCOMMODATIONS:

Players attending the camp/showcase without parental accompaniment can make arrangements for transportation and accommodations through our staff. Please email jfeldman@htistars.com or call 705-828-5385.

ARENA:

PALM BEACH SKATE ZONE (West Palm Beach)
8125 Lake Worth Road, Lake Worth, FL 33467, USA

HOTEL:

Please contact our office for more information on hotel options and reservations.



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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 that 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 Print Name
under 18 years of age



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HEALTH FORM

Every player must provide sufficient insurance coverage in the US for the duration her stay in the program.

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: This page can be submitted when flight arrangements are finalized. If you're traveling with your parents, you do not need to submit this page.

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

Players should be ready to start their training at 8am on Monday morning, April 11

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:** _____