



**2023 SPRING PRE-SHOWCASE CAMP**  
**(RUSH SPRING SHOWCASE - FLORIDA)**

*DATES: April 10-12, 2023 (Monday – Wednesday)*

*AGES: 2004 - 2009*

*CAMP PRICE: \$500 USD*

**Included:**

- 2hrs of on-ice training daily
- 1.5hrs of off-ice training daily
- Video review
- 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 2023-2024 season and player evaluations

**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:** \_\_\_\_\_

*RUSH SPRING SHOWCASE: Please go to [www.rushhockey.ca](http://www.rushhockey.ca) to register.*

\*HTI will ice a team at the Rush Spring Showcase.



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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 30 days prior to the start of the program, subject to a \$100 USD administration fee. There are no cancellations/refunds after 30 days prior to the start of the program.

**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](mailto:jfeldman@htistars.com) or call 705-828-5385.

**ARENA:**

TGH Ice Plex  
10222 Elizabeth Place, Tampa, FL, 33619, USA

**HOTEL:**

Saddlebrook Resort  
5700 Saddlebrook Way, Wesley Chapel, FL, 33543, USA  
(Please contact our office for more information for making a reservation under HTI group rate)



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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 10

**Player Name:** \_\_\_\_\_

**Date Arriving (mm/dd/yyyy):** \_\_\_\_\_

**Travelling By:**        Car    Train    Plane

**ARRIVAL INFORMATION (TAMPA AIRPORT)**

**Airline:** \_\_\_\_\_ **Flight #:** \_\_\_\_\_

**Arriving From:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**DEPARTURE INFORMATION**

**Airline:** \_\_\_\_\_ **Flight #:** \_\_\_\_\_

**Departing To:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_