



REGISTRATION FORM FOR 2026 SUMMER CAMPS

Player's Name: _____
Parent(s) Name(s): _____
Address1: _____
Address2: _____
City: _____ Prov: _____
Postal/Zip Code: _____ Country: _____
Home Ph: _____ Work Ph: _____ Cell Ph: _____
Pref method of contact: Home Work Cell
Email Address: _____

Current Team: _____ Level: _____
Age Group: _____

2026 SUMMER CAMPS

- Camp A** Skills and 3 on 3 Camp - 2017 - 2021
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 10 - 13, 2026, 11:45am - 1:15pm .. Please Email for Pricing and Availability
- Camp B** Small Groups - 2018 - 2020 - Select Level
(Maximum 18 skaters) 3:1 Student to Teacher Ratio
Aug 10 - 13, 2026, 1:15 - 2:45pm .. Please Email for Pricing and Availability
- Camp C** Skills and 3 on 3 Camp - 2017 - 2021
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 17 - 20, 2026, 9:15 - 10:45am .. Please Email for Pricing and Availability
- Camp D** Small Groups - 2018 - 2020 - Select Level
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 17 - 20, 2026, 10:45am - 12:15pm .. Please Email for Pricing and Availability
- Camp E** Skills and 3 on 3 Camp - 2011 - 2016 A - AAA
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 17 - 20, 2026, 1:15 - 2:45pm .. Please Email for Pricing and Availability
- Camp F** Skills and 3 on 3 Camp - 2017 - 2021
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 24 - 27, 2026, 9:15 - 10:45am .. Please Email for Pricing and Availability



REGISTRATION FORM FOR 2026 SUMMER CAMPS (CON'T)

2026 SUMMER CAMPS (CON'T)

- Camp G** Skills and 3 on 3 Camp - 2011 - 2017 A & AA
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 24 - 27, 2026, 10:45am - 12:15pm .. Please Email for Pricing and Availability
- Camp H** Skills and 3 on 3 Camp - 2017 - 2021
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 31 - Sep 3, 2026, 9:15 - 10:45am .. Please Email for Pricing and Availability
- Camp I** Skills and 3 on 3 Camp - 2011 - 2016 Select - AA
(Maximum 20 skaters) 4:1 Student to Teacher Ratio
Aug 31 - Sep 3, 2026, 10:45am - 12:15pm .. Please Email for Pricing and Availability

Please make your cheque payable to Pro Star Hockey School Inc. and mail this form and your payment to:

The Sports Village c/o Pro Star Hockey School Inc.
2600 Rutherford Rd, Vaughan, Ontario, L4K 5R1

If you have any questions, please contact us; By Phone: 905-738-7574 Ext 282
By Email: info@prostarhockeyschool.com
On-Line: www.prostarhockeyschool.com

SUB TOTAL _____

+13% HST _____

TOTAL _____

Please complete and include the attached waiver form.



Pro Star Hockey School

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the _____ athletic/sports program, related events and

(Name of Organization) activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____ their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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.

PARTICIPANT'S SIGNATURE

Date Signed:

WITNESS

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her 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 these programs as provided above.

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

WITNESS