



CENTRE ICE HOCKEY CAMP REGISTRATION FORM

PLAYER CONTACT INFORMATION

Player Name	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth	Health Card #			
Contact Name				
Contact Address	Street Address	Community	Territory	Postal Code
Contact Phone #1	Emerg Contact #			
Status Card #				
Contact Email				

HOCKEY CAMP INFORMATION

Select Clinic	<input type="checkbox"/> 2023 Summer Skills Clinic (CO-ED) <input type="checkbox"/> July 25-28, 2023 / \$350	<input type="checkbox"/> 2023 Goalie Clinic (CO-ED) <input type="checkbox"/> July 25-28, 2023 / \$350
Player Size*	<input type="checkbox"/> Adult <input type="checkbox"/> Youth	<input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Large
Need Assistance?	<input type="checkbox"/> Travel Costs <input type="checkbox"/> Accommodations <input type="checkbox"/> Registration	<i>A CYFN representative will contact you once this request is received.</i>
Payment Method	<input type="checkbox"/> E-Transfer to payments@cyfn.net <input type="checkbox"/> Cash (Pay at CYFN or Player Check-in Event July 24, 2023) <input type="checkbox"/> Cheque (Mail to CYFN 2166-2 nd Ave, Whitehorse YT, Y1A 4P1) <input type="checkbox"/> Purchase Order (email PO# to hockey@cyfn.net)	

DIET INFORMATION

Food Allergies	
Other Health Considerations	

*Jersey sizes may be limited and will be available on a first-come, first-served basis.
**A photo disclaimer and waiver will be provided at the clinic.

Submitted By:

Name

Date

To Submit This Form

Email: hockey@cyfn.net

Call: (867) 393-9200 ext. 9256 For Assistance

Mail: 2166-2nd Ave, Whitehorse YT, Y1A 4P1



Council of Yukon
First Nations