

APPLICATION:

*Sign up and pay online at www.GarryHebert.com or return this application and check payable to:
Garry Hebert Enterprises, Inc. P.O. Box 347, Accord, MA 02018-0347

PLAYER INFORMATION:

Name: _____ Date: _____
Email: _____
Home Number: _____ Cell Number: _____
Address: _____
Town: _____ State: _____ Zip: _____
Birthdate: ____/____/____ Height: _____ Weight: _____
School Name: _____ Grade: _____
Years Played: _____ Position: _____ Current Team(s): _____
Health Insurance Company: _____

PARENT INFORMATION:

Parent Name: _____ Cell Number: _____
Email: _____
Parent Name: _____ Cell Number: _____
Email: _____

CIRCLE SESSION(S) ATTENDING:

CA-1 NOR SWE H-1 FX-2 FX-3 SMR-1 AG-1 PS-1 PS-2 BG-1 BG-2 SS-1 (Split season-Weds.)
ELITE-1 (Season-Long Elite Academy) ELITE-2 (Season-Long Elite Academy)

MEDICAL RELEASE

I acknowledge the applicant is in good health and is able to participate in the physical activity of a vigorous program. In the even my child is injured during absence of parent or legal guardian, I give my permission for the person in charge to seek medical attention.

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

Upon entering the Garry Hebert Hockey Event, I/We understand that participation in the sport of Ice Hockey, as well as this event, constitutes a risk to me/us or serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume this risk and release Garry Hebert, his sponsors, event organizers, staff members, the skating facility and officials from any liability therefore.

Please Read Before Signing.

Parent's/Guardian's Signature

Date

COST & PROCEDURES FOR SUMMER SCHOOLS

1. Unless otherwise noted the **cost** for all schools is **\$279.00**, if **full payment** is received **by May 31**. If the **Balance** is received **after May 31**, the cost is **\$299.00**
 2. A **\$100 deposit must** accompany your application per session, per child.
 3. **Discounts - individual:** deduct \$10.00 per school, **if paid by check** if multiple schools are chose by an individual player. **Family:** if more than one child is attending per family, deduct \$10.00 per child from original cost, **if paid by check.**
 4. **Final Payment** is due **4 weeks** prior to start of session, unless full payment was sent prior to May 31 ensuring your discount.
 5. Medical & Liability Release **must** be signed.
 6. We look forward to sending you a **confirmation letter** upon receipt of you application based on class availability.
 7. Please return application and check or apply online (see above).
- Payable to: Garry Hebert Enterprises, Inc. P.O. BOX 347, Accord, MA 02018-0347

CALL GARRY (781) - 771 -1595 WWW.GARRYHEBERT.COM