

# APPLICATION:

\*Sign up and pay online at [www.GarryHebert.com](http://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