

REGISTRATION FORM

Player: _____

Circle Division & Position:

Mite ('13, '12, '11)	Forward
Squirt ('10-'09)	Defenseman
Peewee ('08-'07)	Goaltender
Bantam ('06-'05)	
Varsity (Grades 9-12)	

DOB: _____

Home Address:

Email: _____

Parent/Guardian:

Phone #:

WAIVER FOR PARTICIPATION

Waiver must be read and signed for before registration is accepted.

I assume all risks and hazards incidental to the conduct of the program(s), which I have listed, and to hereby further release and hold harmless the Town of Camillus & Town of Camillus Parks and Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary or myself/my child when normal permission is unavailable. I certify that I/my child am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Camillus does not provide health insurance coverage.

Signature of Parent/Guardian:

Date:

WEST GENESEE WILDCATS SUMMER HOCKEY CAMP



Frank Colabufo, Hockey Camp Director
fcolabufo@gmail.com
(315) 559-4438

JULY 29 - AUGUST 10, 2019

AT SHOVE PARK, CAMILLUS, NY

Mite Division:

Practices- Monday through Thursday, 8:30-9:30 AM
Games-Monday through Thursday, 5:00 PM
3v3 Tournament-Friday, August 2, 8:00 AM

Squirt Division:

Practices-Monday through Thursday, 9:45-11:00 AM
Games-Monday through Thursday, 6:00 PM
3v3 Tournament-Friday, August 9, 8:00 AM

Peewee Division:

Practices-Monday through Thursday, 11:15-12:30
Games-Monday through Thursday, 7:00 PM
3v3 Tournament-Friday, August 9, Noon

Bantam Division:

Practices-Monday through Thursday, 12:45-2:00
Games-Monday through Thursday, 8:00 PM
3v3 Tournament-Friday, August 9, 4:00 PM

Varsity Division:

Practices-Monday through Thursday, 2:15-4:30
3v3 Tournament-Saturday, August 10, 9:00 AM

REGISTRATION FEE: \$225

Family Discount: \$195 each additional child

Checks Payable to:

Camillus Parks & Recreation Department

Mail Check & Registration to:

Camillus Parks & Recreation Department

4600 West Genesee Street

Syracuse, New York 13219

CANCELLATIONS & REFUNDS

After May 1, refund requests must come directly to the Parks & Recreation office prior to program start date and will be charged a \$100 cancellation fee unless:

- 1. The Parks & Recreation Department cancels the division.*
- 2. A waiting list exists for the division and someone off the waiting list can fill the spot that has vacated.*
- 3. The request is accompanied by a doctor's written excuse (this will be pro-rated at the discretion of the department).*
- 4. No refunds will be given once a program begins.*