



ADMIN ONLY: DATE REC _____ <input type="checkbox"/> ENTERED PAID VIA: <input type="checkbox"/> Chq # _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Other _____
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**Northwestel presents**

**17<sup>th</sup> Annual YFNHA “Learning to Lead” Hockey Camp**

**Camp Date: July 22<sup>nd</sup> to 26<sup>th</sup>, 2019 | Time: 9:00am to 4:00pm | Camp Cost \$375**

**Ages 5 to 17 | Canada Winter Games Centre | Whitehorse, Yukon**

**PLAYER INFORMATION**

**Name:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
**Gender:** Select Gender \_\_\_\_\_ **Age at time of Camp:** Click here to enter text \_\_\_\_\_ **Date of Birth:** Players Birthdate \_\_\_\_\_  
**Yukon First Nation:** Choose your First Nation \_\_\_\_\_  
**Aboriginal Ancestry:** Click here to enter text \_\_\_\_\_  
**Last team played for:** Choose division \_\_\_\_\_ **Last Level played at:** Choose level \_\_\_\_\_  
**Mailing Address:** Click here to enter text \_\_\_\_\_ **Preferred phone number:** Click here to enter text \_\_\_\_\_  
**Email Address:** Click here to enter text \_\_\_\_\_

**MEDICAL/NURTITIONAL INFORMATION**

**List any medical/nutritional conditions, allergies or medications:** Click here to enter text \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

**Parent/Guardian name:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
**Parent/Guardian Phone Number:** Click here to enter text \_\_\_\_\_  
**Additional Contact info:** List any additional contact info \_\_\_\_\_  
**Email Address:** List any additional contact info \_\_\_\_\_

**PAYMENT OPTIONS & REGISTRATION POLICIES (Your spot is not guaranteed until paid in full)**

Fill out this form and deliver with either of the following: (save a copy for your records)  
**Sport Yukon address: 4061 4th Avenue Phone: at 867.668.4236 Fax: to 867.667.4237**  
 Cash \$ \_\_\_\_\_  Cheque \$ \_\_\_\_\_ (please make cheques payable to Yukon First Nations Hockey Association)  
 Sponsorship by \_\_\_\_\_ \$ \_\_\_\_\_  
 Credit Card Payments can be made at Sport Yukon - fax registration (add 5.5% per transaction)

**FEE CANCELLATION PRIOR TO June 3<sup>rd</sup>, 2019** - In the event of a participant cancellation prior to July 3<sup>rd</sup>, 2019, there will be a \$50 service fee charged. **No refunds will be made after July 15<sup>th</sup>.**

**COMMENTS OR INQUIRIES? PLEASE DIRECT TO:**

Joe Martin Instructor Phone: 250.936.8875  
 Karee Vallemand Camp Coordinator Phone: 867.334.6548  
 Email: yihahockey@gmail.com

**Yukon First Nations Hockey Association**  
 Box 31769, Whitehorse, Yukon Y1A 6L3  
 Phone : 867.456.7294 Fax : 867.456.7290  
 Website : www.yiha.ca  
 Email: [yihahockey@gmail.com](mailto:yihahockey@gmail.com)

The hockey camp is a public event and participants will be photographed throughout the event. YNFHA & sponsors reserve the right to use photographs taken during the camp for their publications, website, social media.

**Date:** Enter date \_\_\_\_\_  
**Signature:** \_\_\_\_\_