



MAIL TO: PRO AMBITIONS HOCKEY, INC PO BOX 565 DOVER, MA 02030
FAX TO: 508-785-0865 VM: 508-497-1089 EMAIL: JS@PROAMBITIONS.COM

Player Information:

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ ZIP _____
 Parent/Guardian Name: _____
 Home Phone: _____ Cell Phone: _____ Emergency Phone _____
 Player Date of Birth: _____ Player Age: _____ Male _____ Female
 Parent Email Address: _____

(VERY IMPORTANT: All Future camp information, confirmation and notices will be sent to this email Address, NO SPAM BLOCKERS FROM WORK ADDRESSES.)

Camp Registration

Liability/Waiver form must be signed. Please register me for the following camp(s):

Camp# _____ Location: _____ Price: \$ _____ plus \$8.00S&H
 Camp# _____ Location: _____ Price: \$ _____ plus \$8.00S&H

Jersey Size S M L XL XXL XXXL (S&H \$8.00 to on line fulfillment center) TOTAL \$ _____

Hockey Jersey Information (Summer Programs Only)

Players in ALL summer programs receive a FREE ADULT SIZES (Plus S&H \$8.00) Pro Ambitions Hockey, Inc jersey. Please order your jersey in the CORRECT SIZE (Recommended sizes) (Mites-S; Squirt-M; Peewee-M-L; Bantam-XL; Midget-L-XXL; XXXL), allowing for hockey equipment and player growth, goalies typically need larger jerseys. Your jersey will be sent to your Registration Address from our On Line Store.

YOUR PRO AMBITIONS JERSEY IS REQUIRED ON ICE THE 1ST DAY OF CAMP. The free jerseys Apply ONLY to summer programs. If lost notify us in advance and you can purchase one for \$30.00.

Pro Shop Visit our NEW On Line Store and have our products shipped directly to your Registration Address www.proambitions.com/proshop.htm

Jersey Returns Only:

The returned product is inspected. When reordering new size take into consideration shoulder and elbow

pads. Credit Cards Charges Only for S&H \$8.00. Online store will ship the new size to you.

Return to: Pro Ambitions Hockey, Inc.

C/O Sprocket Express

23 Bacon St. Suite 5

Plainville, MA 02762



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**JEFF SEROWIK'S SPORTS SAVES SOULS
A CHARITY FOUNDATION MISSION STATEMENT**

The foundation's mission is to help aspiring hockey players who have faced emotional, physical, or financial adversities by giving them an opportunity to shine and strengthen their spirit through the great game of hockey.

Sports Saves Souls is a publicly supported charitable fund (Qualifying under section 501© (3) Of The IRS Code – Tax ID#55-0824431)

Donations \$1.00 _____ \$5.00 _____ \$10.00 _____ Other \$ _____

THANK YOU FOR YOUR GENEROSITY!

Credit Card Information

Credit Card Type: American Express, Visa, MasterCard, Discover

Name on Card: Credit Card Number:

Expiration Date MM/YYYY) _____ Credit Card Charge Amount (plus \$8.00 S&H) Total \$ _____

Cancellation Policy

Cancellation before May 1, 2010 will receive a cash refund less 25% of the total cost of camp. Cancellation after May 1, 2010 will receive a letter of credit (voucher) less 25%. Cancellations within 20 days of a camp session receive no refund. No Show! No Refund!

If a camper becomes sick or injured at camp or before camp, 50% of the unused portion of the camp tuition will be Returned in a letter of credit (voucher) for a 2011 camp or clinic. A Doctors note is required. Pro Ambitions Hockey, Inc can not provide refunds for cancellations due to unforeseen acts of God, including facility damage/closing complications or weather related rink/facility cancellations. These are highly unlikely to occur but in the event it does, we will issue credit vouchers for the full amount paid for the affected program. If Pro Ambitions Hockey, Inc. cancels for any other reason not specified above we will offer you a full refund. Pro Ambitions Hockey Inc reserves the right to cancel or change camps, dates or locations.

Hockey Information

Preferred Position: _____ Forward Defense Goalie

I have _____ year(s) of hockey experience.

Current Playing Level _____ (ex. Squirt B)

Have you attended a Pro Ambitions hockey camp/clinic before? YES NO

I have ____ (insert number) friends attending this camp.

Pro Ambitions Hockey, Inc. is not responsible for any lost or stolen articles.



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I agree that I shall provide health insurance (including a copy of an insurance coverage card or similar document) to cover any personal injury and property damage sustained by the camper while participating in any activities of or while on the premises of Pro Ambitions Hockey, Inc. or premises leased or otherwise under the control of Pro Ambitions Hockey, Inc.

The undersigned assumes all responsibility for any and all risk of damage or injury that may occur to the above named player as a participant in Pro Ambitions Hockey, Inc., including practices, scrimmages, skills sessions, clinics, boarding camps, games, tournaments and other activities related to the program, including Pro Ambitions Select teams/Nashua Panthers Organization. Pro Ambitions Ponds, Twin Sticks, Inc, the Pond of Norwood and Hat Trick Training Center in Middleton MA and Skate Shoot Score Skills Competition. Additionally, the undersigned hereby releases and discharges the program, Jeff Serowik, its operators, employees, agents, supervisors, instructors and other players from all claims, demands, rights or causes of action present or future, whether known or anticipated and resulting from or arising out of incident to the undersigned participation in said program. This is also my permission to have my child admitted and attended to, for medical and dental treatment, in case of sickness or injury. I hereby grant Pro Ambitions Hockey, Inc the right to use photographs, video images and/or other media of my child for publicity, advertising and/or other commercial purposes. I understand the Event maybe photographed, videotaped or otherwise recorded, I agree to let the above parties use my name, photo likeness and demographic information free of charge in any manner and for any purpose in any media now known or hereafter created. Pro Ambitions Hockey, Inc. has a zero tolerance policy with respect to uncontrollable behavior, alcohol, tobacco, drugs and other controlled substances and weapons of any kind. Any participant possessing any of these will be immediately dismissed from the program and will forfeit all amount paid. **By signing this release and by being enrolled in this program you assent to the enforcement of this policy and you hereby grant Pro Ambitions Hockey, Inc. the right to inspect any and all personal belongings at any time on or off premises in relation to the program.** Dates, times and prices are subject to change. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Event is taking place and agree that if any portion of this agreement is invalid, the remainder shall continue in full legal force and effect. I further agree that any legal proceedings related to this waiver shall take place in the Boston, Commonwealth of Massachusetts.

Printed Name of Parent / Legal Guardian _____

(18 or older)

Signature of Parent / Legal Guardian _____

Date _____

Note: This release must be signed prior to the participation in the Program