



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: _____

(IMPORTANT: All Future camp information, confirmation and notices will be sent to this email address)

Camp Registration

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

Camp# _____ Location: _____ Price: \$ _____

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Hockey Jersey Information (Summer Programs Only)

Players in ALL summer programs receive a FREE ADULT SIZES Pro Ambitions Hockey, Inc Kick Ice 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. 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 OnLine Store and have our products shipped directly to your Registration Address www.proambitions.com/proshop.htm

Jersey Return Policy:

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

JEFF SEROWIK'S SPORTS SAVED 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 \$ _____

Cancellation Policy

Cancellation before May 1, 2008 will receive a cash refund less 25% of the total cost of camp.

Cancellation after May 1, 2008 will receive a letter of credit (voucher) less 25%. Cancellations within 20 days of a camp session receive 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 2009 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.

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.

Liability Waiver

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 activities at Hat Trick Training Center Ice facility. 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 or 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. 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 to Pro Ambitions Hockey, Inc. the right to inspect any and all personal belongings at any time on and off premises in relation to the program. Dates, times and prices are subject to change.

Parent Guardian Name (Please Print) _____

Signature: _____ Date: _____

Note: this release **must** be signed prior to the participation in the Camp.