



PLAYER INFORMATION FORM

Please confirm/complete the following information:

First Name	
Last Name	
Gender	
Address	
Mobile &/or Home Telephone #	
Email Address	
Date of birth (m/d/y)	
Health Care #	
Parent Name(s)	
Parent Phone #(s)	
Emergency Contact Name(s)	
Emergency Contact #(s)	
Injuries, Allergies, Medical Conditions that P3 Sports should be aware of (please explain fully)	
Next Year I will be in Grade:	
Current Team & Level	
Next Season Expected Team & Level	
Preferred Position	
Jersey # Request	
*Jersey Size	
*Jacket Size	
*T-Shirt Size	
*Warm-up Pant Size	
*Gym Short Size	

* Pls take growth over the summer into consideration when ordering all apparel. We do NOT order extras.



Waiver/Release Form

In consideration of being allowed to participate in any way in P3 Sports Inc Programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved and vehicular travel to and from some of the activities in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If However, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS P3 Sports Inc, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

It is AGREED that I will allow my child to be photographed during the course of the training for the sole purpose of promotional material for the said program.

It is AGREED that I will allow my child to be videoed during the course of the program for the sole purpose of the video being used as a teaching tool for the individual player.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITYAGE:

This is to certify that I _____, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Name of Participant:

Date of Birth:

Name (Please Print):

Signature of Parent/Guardian:

Date:



P3 ACADEMY FEE CHART

AGE GROUP	Male/ Female	SCHOOL	SPORT	INCLUSIONS	CREDIT	FEES
Grade 6	**Male/ Female	Manachaban	Hockey	60 Ice times	na	\$2395 +gst
Gr 7&8	**Male/ Female	Manachaban	Hockey	60 Ice times 25 P3 Training 20 BOLD Classes	na	\$2995 +gst
Gr 9	**Male/ Female	Cochrane HS Bow Valley HS	Hockey	60 Ice Times 85 P3 Training 35 BOLD Classes	na	\$4625 + gst
Gr 10-12	**Male/ Female	Cochrane HS Bow Valley HS	Hockey	60 Ice Times 85 P3 Training 35 BOLD Classes	Up to 45 credits	\$5045 +gst
Gr 9	Co-Ed	Cochrane HS Bow Valley HS	Baseball	72 Baseball train 73 P3 Training 35 BOLD Classes	na	\$4625 + gst
Gr 10-12	Co-Ed	Cochrane HS Bow Valley HS	Baseball	72 Baseball train 73 P3 Training 35 BOLD Classes	Up to 45 credits	\$5045 +gst
<p>*All numbers are estimates and depend on school holidays, stat holidays, school events etc. They are closely monitored. Days missed by one group due to school events will not necessarily be made up. We do our best to work with the school in anticipation of such events conflicting with P3 academy schedule.</p> <p>** Females and Males maybe split into their own ice/ training groups depending on numbers of participants.</p>						

P3 ACADEMY CANCELLATION POLICY

Academy athletes may cancel their registration:

- Before July 1 will result in a full refund minus 20% administration fee.
- After July 1 will result in a full refund minus 35% administration fee.
- After August 1 will result in full refund minus 50% administration fee.
- No refund will be issued after Sept 1.



Student name: _____

GRADE 9 Hockey Academy PAYMENT OPTIONS

OPTION A	\$4856.25 (\$4625 + gst)
25% Deposit	Due with application \$ 1214.06 (includes gst)
Remainder of payment due by May 31, 2019	\$ 3642.19 (includes gst)
OPTION B	\$ 5001.94 (includes gst)
25% Deposit	Due with application \$ 1250.48 (includes gst)
Remainder of payment due in 2 installments of	\$ 1875.73 (includes gst)
Payments due May 31, 2019 & June 30, 2019	
Includes an additional 3% admin fee	
OPTION C	\$ 5099.06 (includes gst)
25% Deposit	Due with application \$ 1274.77 (includes gst)
Remainder of payment due in 3 installments of	\$ 1274.77 (includes gst)
Payments due May 31, 2019, June 30, 2019 & July 31, 2019	
Includes an additional 5% admin fee	

Payment will be made with:

_____ Credit Card: _____ Name on Card: _____
_____ CC # _____ Exp date: _____
_____ CVV: _____
(If choosing a payment option- your CC will be charge on those days)

OR

_____ Post Dated Cheques (included with application)



Coaches Reference Form

Players Name: _____ Date: _____

Team/Association: _____ Level/Tier: _____

Please select which ranking you feel best describes the player:

- Player's skill set

Outstanding Very Good Good Needs Improvement

- Player demonstrates a passion and love for the game and learning

Outstanding Very Good Good Needs Improvement

- Player works well with others and respects rules and discipline

Outstanding Very Good Good Needs Improvement

- Player is able to focus and stay on task

Outstanding Very Good Good Needs Improvement

- Player will have/has leadership potential

Outstanding Very Good Good Needs Improvement

General comments:

Coach Name (please print): _____

Coach Phone Number: _____

Coach Signature: _____

Coaches Reference Form



Players Name: _____ Date: _____

Team/Association: _____ Level/Tier: _____

Please select which ranking you feel best describes the player:

- Player's skill set

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- Player is able to focus and stay on task

Outstanding Very Good Good Needs Improvement

- Player will have/has leadership potential

Outstanding Very Good Good Needs Improvement

General comments:

Coach Name (please print): _____

Coach Phone Number: _____

Coach Signature: _____

Teachers Reference Form



Students Name: _____ Date: _____

School: _____ Grade: _____

Please select which ranking you feel best describes the player:

- Student shows a passion for learning

Outstanding Very Good Good Needs Improvement

- Student demonstrates an ability to listen to instruction

Outstanding Very Good Good Needs Improvement

- Student works well with others and respects rules and discipline

Outstanding Very Good Good Needs Improvement

- Student is able to focus and stay on task

Outstanding Very Good Good Needs Improvement

- Student has leadership potential

Outstanding Very Good Good Needs Improvement

Please share other strengths or areas to improve you feel apply to this student:

Teacher Name (please print): _____

Teacher's Contact Info: Ph. _____ Email: _____

Teacher's Signature: _____

Teachers Reference Form



Students Name: _____ Date: _____

School: _____ Grade: _____

Please select which ranking you feel best describes the player:

- Student shows a passion for learning

Outstanding Very Good Good Needs Improvement

- Student demonstrates an ability to listen to instruction

Outstanding Very Good Good Needs Improvement

- Student works well with others and respects rules and discipline

Outstanding Very Good Good Needs Improvement

- Student is able to focus and stay on task

Outstanding Very Good Good Needs Improvement

- Student has leadership potential

Outstanding Very Good Good Needs Improvement

Please share other strengths or areas to improve you feel apply to this student:

Teacher Name (please print): _____

Teacher's Contact Info: Ph. _____ Email: _____

Teacher's Signature: _____