

HOW TO REGISTER, Register online, by phone, or complete registration form below

1. Fill out application in FULL.
 2. Please choose payment method: Check, money order, or credit card.
 3. Instructions if paying by check:
(A) You may pay full amount with one check , or:
(B) You may pay with two checks (both required with application)
(i) The first check is a non-refundable deposit for \$125.00
(ii) The second check MUST be post-dated June 1, 2017, for the remaining balance.
 4. Make check(s) payable to LOUIS CHABOT.
 5. Mail to: Louis Chabot, 44 Acorn Road, Hampton, NH 03842
- All applications received after June 1st, 2017 MUST be accompanied with full payment.



2017 REGISTRATION & APPLICATION FORM

Complete application in FULL • Make checks payable to LOUIS CHABOT • Mail to: 44 Acorn Road, Hampton, NH 03842

LIST LOCATION YOU WANT TO ATTEND: _____

Circle type of program(s) you want to attend: Specialized Defensemen/Forwards • Goaltending

Desired Position: (circle only one for grouping purposes): Defensemen • Forward • Goalie

REGISTER ONLINE >



Name		Email (please print clearly)				
Address		DOB	-	-	Weight	Height
City	State	Zip	Any Medical Conditions?		Inhaler / Asthma?	
Phone		Work		Emergency / Cell		
Name of 2015 Hockey Team			Level: A • B • C Minor or Major?		Division: Mites • Squirts • Pee Wee Bantam • Midgets • High School	

Card Type (circle one) **Visa • MasterCard • Discover** | Amt. Charged \$

Card # - - - | Exp.

Security Code (in signature panel on back of card)

Name on Card

Signature

Enrollment in program will be confirmed by U.S. Mail, email or by phone.

REFUNDS

In the event of student cancellation, all deposit monies will be credited toward the following year's tuition. Refunds will not be issued to no-shows, players who decide to leave before completion, or players expelled for disciplinary reasons. Credit refunds are good for one year only.

GROUPING

Every attempt will be made to group each student by size, age, and skill level. The school's goal is to create a challenging and competitive learning environment.

WAIVER & RELEASE

I hereby understand and agree that the Chabot's Goaltending Program, Forwards & Defensemen Program, its staff or facilities used shall in no way be held responsible or liable for any injury suffered by the above student while attending sessions of the Chabot's Goaltending Program, Forwards & Defensemen Program. I give my permission for the Chabot's Goaltending Program, Forwards & Defensemen Program to act for me in any emergency requiring medical attention. I will be responsible for any medical or other charges in connection with his or her attendance at the Chabot's Goaltending Program, Forwards & Defensemen Program. I attest the applicant is in good health and is able to participate in the physical activity of these rigorous specialized programs.

Medical Insurance | Policy #

Signature (Parent/Guardian)

Date

