

Olsen Sports Academy

Strive for Excellence Be Stronger, Faster And Smarter

Email: info@coacholy.com

WebSite: http://www.coacholy.com



Thanks for expressing interest in Olsen Sports Academy Hockey Schools.

Please scroll down, fill out, and carefully read the following payment details information.

Name _____

Email Address: _____

Address: _____

City: _____ State / Province: _____

Country: _____

Postal Code / Zip: _____

Home Phone: Bus. Phone: _____

Program Applying For: (you may apply for up to 3 different programs)

Program 1)

Program 2)

Program 3)

Level Played: Position: Age: _____

Date of Birth: (dd/mm/yyyy) _____

Weight: Height: _____

Have you attended a Olsen Sports academy Program before? If so, when?:

How did you hear Olsen Sports Academy?

Name of Parent/Gaurdian: _____

Emergency Phone: _____

Will you promote our program? If so, how many brochures and posters would you like?

Would you be interested in setting up a camp in your area? Yes No

Photos and /or videos taken during the camps may be used for promotional purposes.

Write "Agree" if you accept these terms and conditions. _____

OSA Disclosure Statement:

Acknowledging that ice hockey is a contact sport, I agree that Olsen Sports Academy hockey schools (OSA), its agents, servants and employees shall not be held liable for any injury or damage, however caused, resulting directly or indirectly from my or my child's participation in ice skating and ice hockey, whether incurred on the ice or otherwise, in or about the buildings at any time preceding, during or subsequent to the delivery of the instructional program, and I hereby discharge OSA, and its agents, servants and employees from all actions, claims and demands, I (my child) may have for such any such injury and damage. I also acknowledge that OSA, its agents, servants and employees are not liable for any injury and damage, however caused, incurred in or about the residence of school buildings at any time during the term of instructional school program and I hereby discharge OSA, its agents, servants and employees from all actions, claims and demands for such injury and damage. I also understand and agree that no portion of my registration fee will be refunded to me (or my child) in the event, for whatever reason, I (or my child) withdraw from OSA's instructional program. I further acknowledge and agree that OSA does not insure and will not be expected at any time, to insure the safety or the proper state of repair of my (or my child's) equipment used during the instructional program and that OSA does not and shall not be considered to guarantee or warrant the instructional materials used by it during the instructional program. I also acknowledge and agree that OSA reserves the sole and exclusive right to use any photographs taken during the instructional school for advertising indoor purposes without cost of charge whatsoever to OSA. I also understand that my agreements and releases herein shall bind my heirs, legal representatives and assigns and shall ensure to benefit OSA, its agents, servants and employees and their successors and assigns. I also understand and give permission to OSA to deduct the final balance due on my or my child's registration from my credit card should final payment not be made by the 15th of each month.

Write "Agree" if you accept these terms and conditions. _____

Payment

To ensure the privacy of your transaction, this registration form is secured by 128 bit encryption.

Payment Method: VISA MASTERCARD CHEQUE MONEY ORDER

Name on Card: _____

Card Number: _____

Expiry:

Amount of charges: + GST

Total:

Questions/Comments? _____

Authorization of charges: (Circle one choice)

- I agree to these charges.

- I Do Not agree to these charges.

Signature (for mail-in/fax registrations)

Date: _____

If you would like to send in a cheque or money order, please make it payable to Olsen Sports Academy.

OLSEN SPORTS ACADEMY

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