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**Letter of Permission**

**Player’s Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent(s) Full Name(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Jersey Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

\*I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allow Elite Skills Hockey to video my son/daughter’s hockey game or practice.

**Program that player above will attend:**

 **□ Hockey Camp □ Team Instruction □ Semi/Private Lessons □ Weekly Sessions**

 **□ Game/Video Tutorial □ Pre-Tryouts**

If you have any questions, please contact us: On-Line: [www.eliteskillshockey.com](http://www.eliteskillshockey.com) By Email: info@eliteskillshockey.com

By phone: 416-270-3820 ~ Jeff ~ for specific dates, location, time and price.

Please make cheque’s payable to: 5Jeff White5 Services.

And mail this form and your payment to: 250 Wincott Drive, P.O Box, 18514, Richview, Etobicoke, ON, M9R-4C8, Canada.

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Elite Skills Hockey Cancellation policy: Cancellations must be received in writing via email to info@eliteskillshockey.com 30 days in advance, in order to receive a refund and will be refunded less a $45 administration fee.
No refunds or credits issued for voluntary withdrawal, no-shows, or the expulsion from camps, team instruction, semi/private lessons, weekly sessions, or video/game tutorials.
I release Elite Skills Hockey and its Instructors from all claims for any damages arising from any accident/injury or loss which is caused by or arises from participation of the above programs and named participant.

**Please, Sign and Date to agree with terms mentioned above**:

{must be over 18 to sign} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_