**January School Holiday Programme**

**Monday 16th – Friday 20th April 2012**

Dunedin Ice Hockey Association is proud to be hosting an Ice Hockey Camp for players of all levels ages 6 – 16. The camp will consist of on ice skating and hockey training, off-ice training, classroom sessions, games, and other activities.

The camp will be run by Janos Kaszala, with support from assistant coaches. Janos played professionally in Hungary for twelve years, including fifty games with the Hungarian national team, and has coached in New Zealand for five years now.

The camp will cost $150/attendee. Cheques can be made out to Dunedin Ice Hockey Association, or money transferred to 06 0911 0025989 00. The camp runs from 9am – 3.30 each day and attendees will need to bring off-ice training clothes and lunch each day.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender Male / Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: Goalie / Defence / Forward

Medical / Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I accept that I must comply with the rules of the Dunedin Ice Hockey Association (DIHA).

I accept that DIHA cannot be held responsible for any injury that may befall me. Nor will I hold the DIHA responsible for any lack of care resulting from my not informing it of any illness or medical problem.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to: Janos Kaszala

7 Hanson St, Portobello, Dunedin 9014

janos@dunedinicehockey.co.nz