**Glacier Kings Spring Camp, May. 17,18,19 2019**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P/Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prov (State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_Parents e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print clearly as we will be confirming registrations by e-mail)**

**Height:\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_Care Card or Med Ins. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position, Indicate One: Def\_\_\_\_Fwd\_\_\_\_Goal\_\_\_\_Shot, Indicate One: Left \_\_\_\_\_ Right \_\_\_\_\_**

**Last Level Played: Indicate One,: MML, Tier, AAA, AA, A, B**

**Last Division Played: Indicate One: Bantam\_\_\_\_\_\_Midget\_\_\_\_\_\_\_Junior\_\_\_\_\_\_\_**

****Fee:** - **$236.25 (includes GST)**** Mail application and cheque to: 321 Panorama Crescent, Courtenay, B.C. V9N6Y7 or e-mail form and e-transfer funds to: [glacierkings@shaw.ca](mailto:glacierkings@shaw.ca)

**Please Note: Requests for refunds will only be considered if received 7 days or more prior to Spring Camp. (Cancellation/Administration Fee): $100.00 applies to all applications.**

**Permission to Participate:** If you are currently the property of or are carded with another Jr. team please disregard this invitation/application in its entirety or send an accompanying letter of permission **from your current or previous coach or manager** that allows your participation.

**Waiver Clause**

In consideration of the benefit conferred on me by granting of such request, I do hereby, on behalf of myself and my child, release and forever discharge the Comox Valley Glacier Kings Junior Hockey Club, and the carding association, their assistants, directors, employees, and voluntary workers, and each of them of and from all claims of whatsoever nature, past, present, and future, and whether involved negligence on their part or not, arising out of or in any way connected with the activities of the Comox Valley Glacier Kings Junior Hockey Club and their Carding Association, and it's facilities or structures and I do hereby undertake to indemnify and hold harmless, the Carding Association, the said assistants, directors, employees, and voluntary workers and each of them, in respect of each such claim, demand action, or cause of action as fore said. I acknowledge that my dependent child is in such state of physical and mental health that allows him to safely participate in any team activity. It is also stated that my dependent child is adequately covered by medical, dental and other insurance to meet the needs of any situation and that I understand that I will be responsible for all costs incurred by any medical, dental or other treatment that may become necessary. I understand that appropriate CHA approved equipment to the level that was required by the CHA team on which the player was registered during the 2018-2019 season, must be worn. Note; Parent Signature is required if the player is under 19

****Please Note: Players, Please supply your own water bottle.****

Print Player Name Player Signature Print Parent Name Parent Signature

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