

# Glacier Kings Team Training Week, Aug. 28 to Sept. 3, 2024

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

City: \_\_\_\_\_ Prov (State) \_\_\_\_\_

Players Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parents Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Care Card or Med Ins. # \_\_\_\_\_

Position: Def Fwd Goal Shot: Left Right

Last Level Played: (EX: Tier or AAA, AA, A, B) Bantam \_\_\_ Midget \_\_\_ Junior \_\_\_\_\_

Fee - \$300.00 + GST = \$315.00

**Please Note:** (Non Refundable Cancellation/Administration Fee): \$100.00

**Please Note:** Requests for refunds will only be considered if received 7 days or more prior to team training week (main camp)

**Please Note:** Players to bring your own water bottle, shorts and runners. Players are responsible for their own accommodations.

Cheque: \_\_\_\_\_ or E-transfer to officeglacierkings@gmail.com

**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 of their assistants, directors, servants, 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 save harmless the Carding Association, the said assistants, directors, servants, 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 2023/2024 season, must be worn. Note; Parent Signature is required if the player is under 19 years of age.

Print Player Name	Player Signature	Print Parent Name	Parent Signature
_____	_____	_____	_____

**Please print carefully.** We will be confirming registrations and sending schedules by e-mail.

**Mail application and Cheque to:** 321 Panorama Crescent, Courtenay, B.C. V9N6Y7 or e-mail form and e-transfer funds to officeglacierkings@gmail.com