BLUES HOCKEY CLUB

SUMMER HOCKEY CAMP 2009
APPLICATION REGISTRATION FORM

*(***PLEASE PRINT & COMPLETE IN FULL***)*

PLAYERS INFORMATION:
NAME: _____
ADDRESS: _____
CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

DATE OF BIRTH: **YEAR:** _____ **MONTH:** _____ **DAY:** _____
HEIGHT: _____ **ft /** _____ **in** **WEIGHT:** _____ **lbs** **SHOT: [_____]Left [_____]Right**

CAMP REGISTRATION **(Please see reverse for Group breakdowns for registration):**
(please mark an X in the appropriate box)
[_____] GROUP # 1 - $270
[_____] GROUP # 2 - $280
[_____] GROUP # 3 - $290
[_____] GROUP # 4 *Girls* - $300

(please mark an X in the appropriate box)
DIVISION PLAYED DURING 2008/09 SEASON:
[__]HKY 1 [__]HKY 2 [__]HKY 3 [__]HKY 4 [__]ATOM [__]PW [__]BANTAM [__]MIDGET
LEVEL PLAYED DURING 2008/09 SEASON:
[__]REP [__]"C" [__]DID NOT PLAY
ASSOCIATION PLAYED WITH DURING 2008/09 SEASON: _____

ARE YOU REGISTERING AS A GOALIE? [__]YES [__]NO **IF YES: [___]FULL-TIME [___]PART-TIME**

* Goalies must have their own Certified Goalie Equipment for use, during the camp. However, you may be able to rent equipment from the Blues Hockey Club. For further rental inquiries please contact us accordingly.
* Goaltenders registering as PART-TIME, please note your number of sessions to play in goal will be dependent on how many FULL-TIME goalies we have registered in your Group, also as to how many PART TIME goalie are registered*

FATHER'S NAME:_____ **MOTHER'S NAME:**_____
HOME TEL: (_____)_____ **HOME TEL: (_____)**_____
CELL #: (_____)_____ **CELL #: (_____)**_____
WORK TEL: (_____)_____ **WORK TEL: (_____)**_____
EMAIL: _____ **EMAIL:** _____

CANCELLATION/REFUND POLICY: After registration, cancellations will not be accepted, nor any refunds issued. The Blues Hockey Club reserves the right to kindly decline the registration of any potential participant. $35.00 Administration Fee will be applicable for NSF Cheques.

PARENTS NAME: _____ **SIGNATURE:** _____ **DATE:** _____

PAYMENT MUST ACCOMPANY THE COMPLETED APPLICATION/REGISTRATION AND WAIVER FORMS.
(All players will be supplied with a Blues Hockey Club Summer Camp Jersey.)

MAIL OR DROP OFF PAYMENT WITH COMPLETED APPLICATION/REGISTRATION AND WAIVER FORMS TO:
BLUES HOCKEY CLUB # 5 - 6245 SHERIDAN ROAD RICHMOND, B.C. V7E 4W6
TEL: 604 241-8165 E-MAIL: blueshockeyclub@hotmail.com

PAYMENT ACCEPTED IN FORM OF CASH, CHEQUE, MONEY ORDER, CERTIFIED CHEQUE OR BANK DRAFT.
******* SORRY, NO CREDIT CARD OR DEBIT PAYMENTS *****
PAYMENT MUST BE MADE PAYABLE TO: BLUES HOCKEY CLUB

Please be adviced that we will have a photographer out, from time to time taking pictures at our different sessions. By signing the Blues Hockey Club Registration Form, you are giving permission and authorizing that any photographs taken of your child during the camps, that the Blues Hockey Club Holds the rights and privilage to have them used for and/or in any; and/or all Blues Hockey Club promotional materials, such as flyers, brochures, posters, website (www.blueshockeyclub.com), etc. Thank you.

" A LEGACY & TRADITION OF EXCELLENCE "

WAIVER FORM

In consideration of being allowed to participate in any way in the "Blues Hockey Club" Summer Hockey Camp, related events and activities, the understood acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline will reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown for my child. EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility from my child's participation: and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my child's participation, I will bring such matter to the attention of the nearest official Immediately: and

4. I, for my child and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the "Blues Hockey Club" , their staff, all employees and volunteers, plus other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and leaser of premises used to conduct the event(s) (Releases). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

I ALSO AGREE…

* My child will wear full protective equipment and helmut which are subject to the standards as established and set by Canadian Amateur Hockey Association.

* Blues Hockey Club reserves the right to remove from the camp any participant(s), parent(s), or person(s) who in the opinion of the Instructors or Administrators is not acting in an acceptable manner.

* Blues Hockey Club reserves the right to reschedule any session(s) due to any unforeseen circumstances.

* Parents are permitted to view all sessions, however, in a respective manner to Instructors, Participants, and /or Spectators.

I declare that the physical condition of _____ (Player's First & Last Name) to the best of my knowledge is such that it will allow him/her to participate safely in all skating and hockey programs and that no physician has advised him/her not to participate in any strenuous programs or exercise and further assume all responsibility with him/her obtaining such as examination.

I have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement, This is to clarify that I, as Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities to my minor child's involvement or participation in these programs as provided above.

AS PARTICIPANTS ARE OF MINOR AGE (UNDER AGE), A PARENTS/GUARDIANS CONSENT IS REQUIRED.

PARTICIPANTS NAME: _____

PARENTS/GUARDIANS NAME: _____

PARENTS/GUARDIANS SIGNATURE: _____

DATE SIGNED: _____