

# Summerland Steam 2022 Spring Prospect Camp Registration Form

Player Requirements:

Camp Date: April 8th to 10th, 2022 Location: Summerland Arena

Age Category: Players born through the years 2002 to 2007 Goaltenders: Only 12 Goaltender positions will be accepted

Registration:

Please send all registrations to Betsy Hogg at email address: [admin@summerlandsteam.com](mailto:admin@summerlandsteam.com)

Payment can be submitted by e-transfer to [sean@summerlandsteam.com](mailto:sean@summerlandsteam.com) or by credit card by providing your credit card information on the registration form.. Spring Prospect Camp fee must be paid I n full prior to attending camp.

**Please Note:**

After April 5th, 2022, no refunds will be issued.

**If you are already carded with ANY JUNIOR HOCKEY CLUB, please disregard this Camp Notice/Invitation.**

Contact Information:

Email: Head Coach Mark MacMillan at [coach@summerlandsteam.com](mailto:coach@summerlandsteam.com%20%20)

**and/or**

Email: Administrator Betsy Hogg at [admin@summerlandsteam.com](mailto:admin@summerlandsteam.com).

Phone: Mark can be reached at 250 328 8927

and

Phone: Betsy at 250.490 5050.

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Personal Information

Name: Email: Address: Parent/Guardian: Date of Birth: Place of Birth: Height: Weight: Telephone #: Cell #:

2021/2022 Hockey Information

Team Name, League and Category: Coach’s Name: Coach’s Phone #: Position: Shoots (L/R): Save % (Goalie): GP: Goals: Assists: +/-: PIM: NHL Player you play like: \_ List Strength and a Weakness as a player:

Sports Awards over Last Two Years:

Academic Information

School Name: Grade Completing: GPA: Favourite Subject (not Phys Ed): Teacher Reference Name: Teacher Reference Phone #:

Payment Info ($200.00 Skater - $225.00 Goaltender) - Applicable Taxes Included

Method of Payment (Cheque/Visa/MasterCard): Credit Card #: \_ Expiry: CVS #: Cardholder Name: \_ Signature:

In consideration of the participant and his/her parent/guardian being permitted to register the participant and participate in the Summerland Steam 2022 Spring Prospect Camp, we hereby forever release and discharge the Summerland Steam Junior Hockey Club and its directors, agents, employees and any person or corporation connected herewith from all the manner of action, injury, damages, costs, claims or demands which we shall or may hereafter have, suffer or receive by reason of such participation in the camp. The release shall be binding on our heirs, assigns, executors and administrators. It is agreed that the Summerland Steam Junior Hockey Club does not and shall not be considered to guarantee or warrant such equipment in the conducting of the said camp. It is further agreed the Summerland Steam Junior Hockey Club is not responsible for lost hockey equipment. There are no exceptions. No refunds will be provided after April 5th, 2022, unless a Medical Certificate accompanies the request. All refunds are subject to a $100.00 service charge. Your signature confirms that you have read and understand our cancellation policy.

Signature of Applicant (if over the age of 18):

Signature of Applicant’s Parent/Guardian (if under 18):

Date:

PLAYER MEDICAL INFORMATION SHEET

Name: Date of Birth: Day Month Year

Provincial Health Number/US Health Insurance:

Address: City and Province:

Postal Code: Telephone (Home): \_ Work: Cell:

Father’s Name: Mother’s Name:

Billet Family:

Address: \_\_ Postal Code: Telephone #:

Emergency Contact in case Parents are not available:

Name: Telephone #:

Address:

Doctor’s Name: Telephone #:

Dentist’s Name: Telephone #:

Medications:

Allergies:

Medical Conditions:

Last Tetanus Shot:

Date of Last Complete Physical Examination:

USA Health Insurance Information: This Information is Required for Hockey Canada Injury Report Forms

Occupation: Employed Full-Time: Unemployed: Full Time Student: Employer (If a Minor, list Parent’s Employer):

Do you have Provincial Health Coverage? Yes No If No - Province: Do you have other Insurance Medical/Dental? Yes No

If Yes, please provide the Name of Insurer and Policy details, including ID Numbers:

Credit Card Type and #: Cardholder: Expiration Date:

In the event that no one can be contacted, team management will take my child to the Hospital/an M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize the release of information to appropriate people (coach, physician) as deemed necessary.

Date: Signature of Parent or Guardian: