



Summerland Steam 2023 Main Camp Registration Form

Player Requirements:

Camp Date: August 25th to 27th, 2023

Location: Summerland Arena

Age Category: Players born through the years 2003 to 2008

Goaltenders: Only 10 Goaltender positions will be accepted

Registration:

Please send all registrations to Betsy Hogg at email address: admin@summerlandsteam.com

Payment can be submitted by e-transfer to sean@summerlandsteam.com or by credit card by providing your credit card information on the registration form. Main Camp fee must be paid in full prior to attending camp.

Please Note:

After Aug 20th, 2023, no refunds will be issued.

Contact Information:

Email: General Manager S t e v e H o g g at gm@summerlandsteam.com

and/or

Email: Administrator Betsy Hogg at admin@summerlandsteam.com.

Phone: Betsy at 250-490-5050.

Summerland Steam 2023-2024 Main Camp Registration Form

Personal Information

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

2022/2023 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 2023 Main 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 August 20th, 2023, 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: _____