

KAMLOOPS STORM MAIN CAMP AUGUST 28-30

REGISTRATION FORM

LOCATION: McArthur Island Sports Centre

Name_____	Birth Date (M-D-Y)_____
Phone: (area code)_____	Citizenship_____
Address_____	City_____
Province/State_____	Postal/Zip Code_____
Height_____	E-mail_____
Weight_____	Shoots_____
Position#1_____	
Last Team Played for _____	
Coach's name and phone # _____	
Father's Name_____	Mother's Name_____
Care Card-Personal Health No. _____	
Injuries and/or Medical Problems the Trainer should be aware of _____	

As parent or guardian of the above named player, I (please print)_____ do hereby consent to said player participating in all activities and hereby release, absolve, indemnify and save harmless the Parallel Storm Hockey Group Limited and the Kootenay International Junior Hockey League employees, officers coaching staff, management and/or volunteers, from and claim(s) which may arise as a result of his/her participation. I assume all risks and hazards incidental to the above article and do hereby waive all claims whatsoever which I or the above named player may have against the member clubs in attendance and/or their Leagues. For the insurance purposes, all players must wear equipment (facial protection etc.) equal to what they used in their last hockey season.

Signature of parent or guardian_____ Date_____

Method of Payment: E-Transfer Cheque Money Order Cash

Make Cheques/Money Orders payable to: Parallel Storm Hockey Group Ltd. **Players: \$250 Goalies: \$250**

1284 14th Street, Kamloops, BC, V2B-8K8

Refunds will be available until August 25 subject to a \$25 administration fee