

**KELOWNA YWAM HOCKEY CAMP
REGISTRATION FORM**

Player Information

Name: _____

Address: _____

City: _____

Postal Code: _____ Phone: _____

Email: _____

Birth Date: _____ Gender: M F

Height: _____ Weight: _____ Position: _____

Last Level of Hockey Played: _____

How many years have you played hockey?: _____

Free Jersey Size (Please Circle):

Youth: XL Adult: S M L XL XXL GOALIE

CAMP TUITION POLICY:

- \$299.00 Players & Goaltenders.
Two or More From Same Family: \$280.00 each.
- Full Payment Due by June 30, 2010.
- Deposit \$125.00 required with Registration.
*Note: we cannot reserve space without min. deposit
- Refund Policy: \$50.00 cancellation fee up to June 30th
- No Refunds after June 30th.

CREDIT CARD: VISA or MC

Card #: _____

Expiry Date: _____ Amount: _____

NOTE: This authorizes the deposit amount and the outstanding balance payment on June 30th.

Signature: _____

Date: _____

Cheques payable to: YWAM Hockey
P.O. Box 57100
Vancouver BC V5K 1Z0
Phone: 778-228-1283 Fax: 604-436-4466

**4TH ANNUAL
Kelowna
YWAM Hockey Camp**

August 8 - 13, 2010

\$299.00

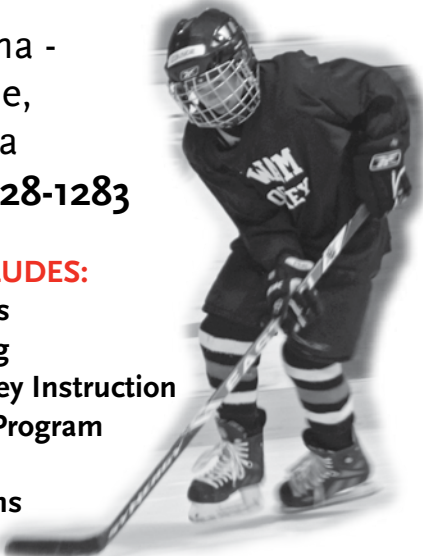
Ages 8 - 16

**Jim Lind Arena -
Mt. Boucherie,
West Kelowna**

Phone: 778-228-1283

**DAY CAMP
PROGRAM INCLUDES:**

- Biblical Values
- Power Skating
- Quality Hockey Instruction
- Goaltenders Program
- Dry-Land
- 10 Ice Sessions
- Daily Chapel
- FREE Practice Jersey
- Max. 28 Players &
4 Goaltenders Per Group



Our coaches & counsellors make the difference; they have a passion to see each camper grow personally, work hard, improve their skills and enjoy their hockey camp experience.

Space is limited. First come, first served.

**More Info: www.ywamhockey.com
Email: hockey@ywamhockey.com
Phone: 778-228-1283 Fax: 604-436-4466**



INTEGRITY - RESPECT - CHARACTER

Youth With a Mission

**YWAM
Hockey
Camp**

4TH ANNUAL

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**Jim Lind Arena
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www.ywamhockey.com

YWAM
Youth With a Mission

4th Annual Kelowna, BC

YWAM Hockey Camp

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at the Jim Lind Arena

Mt. Boucherie,

West Kelowna

Ages: 8-16



Only **\$299.00**



Glen Bueckert
Camp Director
Head Coach
Over 30 years of coaching and hockey camp experience



Jan Kascak
Coach
19 years of Hockey School Experience

PROGRAM INCLUDES

- **Biblical Values**
- **Power Skating**
- **Quality Hockey Instruction**
- **Goaltenders Instruction**
- **Dry-Land**
- **10 Ice Sessions**
- **Daily Chapel**
- **FREE Practice Jersey**
- **Max 28 Players & 4 Goalies per group**

Plus many other guest instructors.

For Information:

www.ywamhockey.com

KELOWNA YWAM HOCKEY CAMP PLAYER RELEASE, INDEMNITY, AND PHOTOGRAPHY AUTHORIZATION FORM:

In consideration of the acceptance of my child, (please print) _____ as a participant in the (YWAM) Hockey Camp program, I the undersigned parent/guardian hereby release and discharge YWAM Hockey Camps from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injury suffered by my child or incurred by me and resulting directly or indirectly from the participation of said child in said program.

I hereby undertake to indemnify YWAM Hockey Camps and its servants and staff and hold them harmless from and in respect of any and all claims, demands, actions and proceedings arising out of his/her participation in said program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation.

I hereby authorize the staff of YWAM Hockey Camp program to make any and all decisions regarding the emergency medical treatment of my child.

I also understand YWAM Hockey Camps retains the right to use for publicity and advertising purposes photographs of any players taken at camp.

I, (please print) _____, the parent/guardian, have read, understood and agree with the Release, Indemnity, Medical and Photography Authorization above.

Parent/Guardian Signature _____

Dated _____

MEDICAL FORM:

Player's Full Name: _____

Date of Birth (M/D/Y) _____ Male Female

Medical Insurance Number: _____

Family Physician: _____

Ph: _____

In case of emergency notify:

1. _____ Ph: _____

2. _____ Ph: _____

List any allergies: _____

Prescribed: _____

Non-Prescribed: _____

List and explain any other health problems, injuries or relevant information:

Parent/Guardian certifies that participant is able to participate in all physical activities unless otherwise mentioned.

Parent/Guardian Signature _____

Date: _____

** Any player without this form completed, signed and submitted will not be able to participate in the camp.*