

**PRINCE GEORGE YWAM HOCKEY CAMP
REGISTRATION FORM**

Player Information
 I am registering for: Full Hockey Camp ages 8-16
 (please check one) Power Skating Session ages 5-7

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 (full camp only) (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.
- \$99.00 Power Skating Session ages 5-7
- Full Payment Due by June 30, 2010.
- Deposit of \$125.00 required with Registration for full camp.
*Note: we cannot reserve space without min. deposit
- Deposit of \$50.00 required for Power Skating
*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

**5TH ANNUAL
Prince George
YWAM Hockey Camp**

**July 18 - 23, 2010
\$299.00
Ages 8 - 16
Prince George Coliseum
For Information Call
250-964-4872
or 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 (full camp only)
- Max. 28 Players & 4 Goaltenders Per Group

New This Year!

Power Skating with Brian Toll

For Ages 5-7

\$99.00 6 x one Hour Sessions
July 18-23

"All excess funds from the power skating sessions will be used to support kids with juvenile diabetes"
 • Max. 20 spaces available •



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

**YWAM
Youth With a Mission
5TH ANNUAL
YWAM
Hockey
Camp**

**Prince George
July 18 - 23, 2010
Prince George Coliseum
For ages 8 - 16
Power Skating for Ages 5-7**



www.ywamhockey.com

YWAM
Youth With a Mission

5th Annual Prince George, BC YWAM Hockey Camp

July 18 - 23, 2010

at the Prince George Coliseum Ages: 8-16

Only **\$299.00**



Brian Toll
Head Coach
Power Skating Instructor



Parrish Child
Dry-Land/Instructor



Bob Greenaway
Camp Chaplain



Glen Bueckert
Camp Director

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PRINCE GEORGE 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.*

Plus many other guest instructors.

For Information:

www.ywamhockey.com