

**THUNDER BAY 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

**1ST ANNUAL  
Thunder Bay  
YWAM Hockey Camp**

**July 2 - 6, 2010**

**\$299.00**

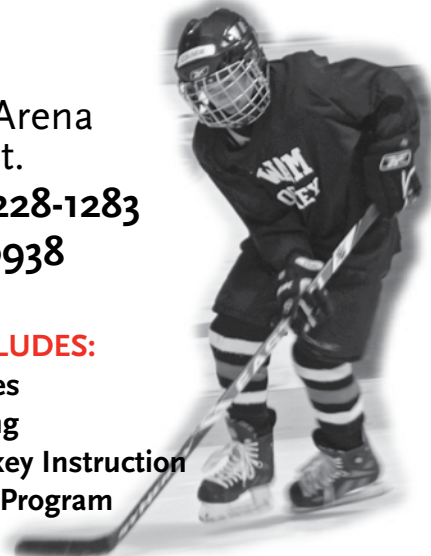
**Ages 8 - 15**

**Port Arthur Arena  
420 Lisgar St.**

**Phone: 778-228-1283  
or 807-777-0938**

**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](http://www.ywamhockey.com)  
Email: [hockey@ywamhockey.com](mailto:hockey@ywamhockey.com)  
Phone: 778-228-1283 Fax: 604-436-4466**



**INTEGRITY - RESPECT - CHARACTER**

**YWAM**  
Youth With a Mission

**YWAM  
Hockey  
Camp**

**1ST ANNUAL**

**Thunder Bay ON  
July 2-6, 2010**

**Port Arthur Arena  
420 Lisgar St.  
For ages 8 - 15**



**[www.ywamhockey.com](http://www.ywamhockey.com)**

**YWAM**  
Youth With a Mission

# 1st Annual Thunder Bay, ON YWAM Hockey Camp

July 2 - 6, 2010

at the Port Arthur Arena

420 Lisgar St.

Thunder Bay, ON

Ages: 8-15



*Only* **\$299.00**

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- Dry-Land
- 10 Ice Sessions
- Daily Chapel
- FREE Practice Jersey
- Max 28 Players & 4 Goalies per group



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

Plus many other guest instructors.

**For Information:**

**www.ywamhockey.com**

## THUNDER BAY 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.*