



**KAMLOOPS STORM SPRING IDENTIFICATION CAMP 2020 (May 30-31)  
REGISTRATION FORM**

Name \_\_\_\_\_ Birth Date (M-D-Y) \_\_\_\_\_

Phone: (area code) \_\_\_\_\_ Citizenship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Height \_\_\_\_\_ E-mail \_\_\_\_\_

Weight \_\_\_\_\_ Shoots \_\_\_\_\_

Position #1 \_\_\_\_\_ Position #2 \_\_\_\_\_

Last Team Played for \_\_\_\_\_

Association

Division

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 Hockey Club and the BCHL, KIJHL, and WHL 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 \_\_\_\_\_

**Camp Cost:    Players= \$150.00    Goalies= \$175.00**

Method of Payment:    **Cheque    Money Order    Cash    E-Transfer**

Make Cheques/Money Orders payable to: Parallel Storm Hockey Group Ltd.

1284 14<sup>th</sup> Street

Kamloops, BC, V2B-8K8

Refunds will be available until March 15, 2019 subject to a \$25 administration fee