

CAMPBELL RIVER 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

CHECK ONE:

☐ Player \$329.00 .....\$ \_\_\_\_\_

☐ Goaltender \$199.00 .....\$ \_\_\_\_\_

Two or more from same family deduct \$20 (\$ \_\_\_\_\_)

Subtotal .....\$ \_\_\_\_\_

TOTAL .....\$ \_\_\_\_\_

CAMP TUITION POLICY:

- Full Payment Due by June 30, 2012.
- 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 #: \_\_\_\_\_

Name on 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  
PO Box 57100 RPO East Hastings  
Vancouver BC V5K 5G6  
Phone: 778-228-1283 Fax: 604-436-4466

CAMPBELL RIVER  
YWAM Hockey Camp

July 16 - 20, 2012  
Players \$329.00  
Goaltenders \$199.00  
Ages: 8-15 (04-97)

Strathcona Gardens  
225 South Dogwood St.

Contact:  
1-778-228-1283

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



INTEGRITY - RESPECT - CHARACTER

Youth With a Mission  
YWAM  
Hockey  
Camp

Campbell River, BC  
July 16-20, 2012  
Strathcona Gardens  
225 South Dogwood St.  
Ages: 8-15 (04-97)



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

YWAM  
Youth With a Mission

Campbell River

# YWAM Hockey Camp

July 16 - 20, 2012

Strathcona Gardens  
225 South Dogwood St.  
Campbell River, BC

Ages: 8-15 (04-97)

Players \$329.00  
Goaltenders \$199.00

## 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



**Glen Bueckert**

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

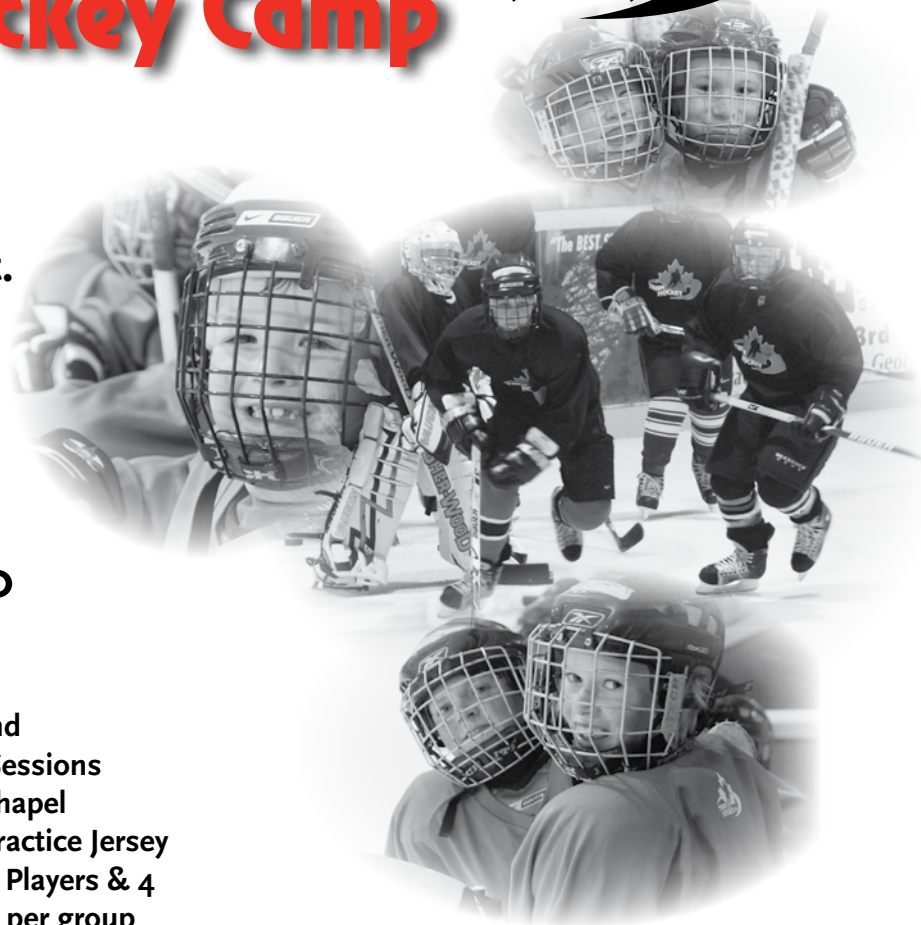
### YWAM Hockey Camps 2012

Calgary / Campbell River  
Prince George  
Kelowna - Advanced Camp  
Kelowna - Regular Camp  
Homer, Alaska

### Other YWAM Hockey Programs

Hockey Discipleship Training School Ages 18 - 25  
Hockey Summer of Service 18 - 25  
Hockey Camp Junior Counselor 16 - 18

For more information go to [www.ywamhockey.com](http://www.ywamhockey.com)



## CAMPBELL RIVER 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.*

**For Information:**

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