



# Kimberley Dynamiters 2021 Main Camp



## Registration Form

Player Name: \_\_\_\_\_

Birthdate (dd/mm/yyyy): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Position: \_\_\_\_\_ Shoots L/R: \_\_\_\_\_

2020/21 Team & Level: \_\_\_\_\_

2019-20 Team & Level: \_\_\_\_\_

2019/20 Statistics: GP- \_\_\_\_\_ G- \_\_\_\_\_ A- \_\_\_\_\_ PIMS- \_\_\_\_\_ SV%- \_\_\_\_\_

Player Email: \_\_\_\_\_ Player Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Medical Number: \_\_\_\_\_ Dr Name & Phone #: \_\_\_\_\_

Medical Issues/Allergies: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

### SIGNATURE AND WAIVER

In consideration of this application to play, I accept;

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline will reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Kimberley Jr Dynamiter Hockey Club their officers, officials, agents and all employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and leaser of premises used to conduct the event (Releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE .
5. FOR PARTICIPANTS OF MINORITY AGE (18 and under at time of registration), a parent/guardian must sign this form. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Signature of Player \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**Email completed registration form to Derek Stuart [nitrosheadcoach@gmail.com](mailto:nitrosheadcoach@gmail.com)**

**Camp Registration Fee: \$200.00**

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_